



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 796613		2. Exact name of the limited liability company R.P. KILDUFF, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island BUSINESS OF GENERAL CONSTRUCTING AND CONTRACTING			
5. Principal office address 44 MARY ELIZABETH DRIVE		City NORTH SCITUATE	State RI	Zip 02857	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name RICHARD KILDUFF		Contact Title			
Street Address 44 MARY ELIZABETH DRIVE		City NORTH SCITUATE	State RI	Zip 02857	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS (IX BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name RICHARD KILDUFF		Manager Name			
Street Address 44 MARY ELIZABETH DRIVE		Street Address			
City NORTH SCITUATE	State RI	Zip 02857	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 24 2014

BY **1408**

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Kilduff
Signature of Authorized Person

OCT 18 2014
Date

RICHARD KILDUFF

Print or Type Name of Authorized Person