



**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. <b>000542386</b>		2. Exact name of the limited liability company <b>KPF Insurance Services, LLC</b>			
3. State of Formation <b>Ohio</b>		4. Brief description of the character of business conducted in Rhode Island <b>Insurance Agency</b>			
5. Principal office address <b>1014 Vine Street</b>		City <b>Cincinnati</b>	State <b>Ohio</b>	Zip <b>45202</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Greg Lemker</b>		Contact Title <b>Manager, Income Tax Compliance</b>			
Street Address <b>1014 Vine Street</b>		City <b>Cincinnati</b>	State <b>Ohio</b>	Zip <b>45202</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 30 2014

4052139

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.

*Joseph W. Bradley*      10-27-14  
 Signature of Authorized Person      Date

**Joseph W. Bradley**      **Assistant Treasurer**  
 Print or Type Name of Authorized Person

**KPF INSURANCE SERVICES, LLC**  
**1014 VINE STREET**  
**CINCINNATI, OH 45202-1100**  
**E.I.N. # 27-2436110**  
**INCORPORATED IN: OH SEPTEMBER 25, 1997**

**OFFICERS:**

<b>NAME</b>	<b>TITLE</b>	<b>BUSINESS ADDRESS</b>
KATHLEEN M. KELLY	PRES.	1014 VINE ST., CINTI., OH 45202-1100
CHRISTINE S. WHEATLEY	V.P. SEC.	1014 VINE ST., CINTI., OH 45202-1100
TODD A. FOLEY	V.P. TREAS.	1014 VINE ST., CINTI., OH 45202-1100
GARY MILLERCHIP	V.P.	1014 VINE ST., CINTI., OH 45202-1100
CLARE REILLY	ASST. SEC.	302 WEST 3RD STREET, STE 300, CINTI., OH 45202
DOROTHY D. ROBERTS	ASST. SEC.	302 WEST 3RD STREET, STE 300, CINTI., OH 45202
JOSEPH W. BRADLEY	ASST. TREAS.	1014 VINE ST., CINTI., OH 45202-1100
		1014 VINE ST., CINTI., OH 45202-1100

**DIRECTORS:**

NONE (MEMBER-MANAGED)

ELECTED = 1ST MONDAY OF SEPTEMBER