



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>86565</b>		2. Exact name of the Corporation <b>Reilly Consulting Associates, Inc.</b>		
3. Principal office address <b>572 Elmgrove Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
4. Business Phone No. <b>401-861-8808</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business on consulting for fund raising projects and general related fund raising.</b>				
President Name <b>Kibbe S. Reilly</b>		Vice-President Name <b>None</b>		
Street Address <b>572 Elmgrove Avenue</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State <b>RI</b>
Secretary Name <b>None</b>		Treasurer Name <b>Kibbe S. Reilly</b>		
Street Address		Street Address <b>572 Elmgrove Avenue</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>
Director Name <b>Kibbe S. Reilly</b>		Director Name		
Street Address <b>572 Elmgrove Avenue</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000	common	no par value

*This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.*



FILED

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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.

*Kibbe S. Reilly* 2-25-15  
 Signature of Authorized Representative Date

**Kibbe S. Reilly**  
 Print or Type Name of Authorized Representative