



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. 128571		2. Exact name of the Corporation SKM O'Brien, Inc.			
3. Principal office address 5 Benefit Street			City Providence	State RI	Zip 02904
4. Business Phone No. 401-331-5050			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To invest in real estate and personal property.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Kristin O'Brien Fox			Vice-President Name Marion E. Holmgren		
Street Address 933 Forest Avenue			Street Address P.O. Box 2164		
City Boulder	State CO	Zip 80304	City Darien	State CT	Zip 16820
Secretary Name Susan A. Weberg			Treasurer Name Marion E. Holmgren		
Street Address 545 Columbus Avenue, Apt. 1			Street Address Same		
City Boston	State MA	Zip 02118	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kristin O'Brien Fox			Director Name Marion E. Holmgren		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name Susan A. Weberg			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			300 shs.	Voting Common	\$1.00

2015 APR -3 AM 10:51
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

File Date _____
 Check No _____
 By: _____

FILED
APR 03 2015

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.

 Signature of Authorized Representative Date **3/31/15**

FOR SECRETARY OF STATE USE ONLY
 BY 1014

Kristin O'Brien Fox
 Print or Type Name of Authorized Representative