



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