RI SOS Filing Number: 201580144490 Date: 09/21/2015 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
115636	KIEFER PARK ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNING, DEVELOPING, LEASING REAL PROPERTY

5. Principal office address	City	State	Zip
50 WHITECAP DRIVE, SUITE 102	NORTH KINGSTOWN	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DOUGLAS B. RIGGS	

Street Address	City	State	Zip
50 WHITECAP DRIVE, SUITE 102	NORTH KINGSTOWN	RI	02852

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
DOUGLAS B. RIGGS	50 WHITECAP DRIVE, SUITE 102	NORTH KINGSTOWN	RI	02852

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
JOSEPH F. WHINERY, JR., ESQ.	CAMERON & MITTLEMAN LLP		
Address	301 PROMENADE STREET	PROVIDENCE	02908

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

115636

FILED

SEP 21 2015

By CCS100

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 Person *Date* 9/17/15

Douglas B. Riggs

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

125613-54-1040540

Form 632 Rev. 07/07