

860

## 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 \_

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

	FAILURE TO FIL	E THIS REPORT BY MA	ARCH 31 WILL HESU	ILI IN A \$25,00 PENA	LITPEE.		
. Entity ID No.		2. Exact name of the Corporation BRIAN KELLEY, INC.					
553459	BRIAN	LELLET, INC.					
3. Principal office address			City	State RI	Zip <b>02891</b>		
2 Fallon Trail			Westerly RI 02891  5. State of Incorporation				
334-2576			S. State of incorporation Rhode Island				
Brief description of the ch		conducted in Rhode Island					
Distributor of retail p	product.						
विष्टिक्षा स्वतः स्वतः	ANES AND ADDR	SESTIMATION FOR A	AGHNENT) SAFE	MARKET MARKET			
resident Name Brian Kelley		Brian Kelley					
Street Address P.O. Box 2553				P.O. Box 2553			
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City Westerly	State <b>RI</b>	Zip 02891		
Secretary Name Brian Kelley		<u> </u>	Treasurer Name Brian Kelley				
Btreet Address P.O. Box 2553			Street Address P.O. Box 2553				
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City <b>Westerly</b>	State RI	Zip <b>02891</b>		
BLEST ALEDIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)				
Director Name Brian Kelley			Director Name				
Street Address P.O. Box 2553	, <u></u>		Street Address				
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
ASHARESAUTHORIZED	l Kanga kabangan sa		10, SHARES ISSUE	) ("X" BOX FOR ATTAC			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
This information is currer of State. Changes require See Section 9 of instruction	an additional filin	e Office of the Secretary g.	1000	Common	None		
			nd concentrative. If the	corporation is in the hand	s of a receiver or truste		
This report must be execu	ited on behalf of the this report mu	corporation by an authoriz	rtne corporadon by the i	ISCEIVED OF TRUSTED.			
OBCAS SERVED BY STANCE OF THE STANCE		<b>\</b>	Linder penalty of p	perjury, I declare and affi ing any accompanying s	rm that I have examin		

	tilla tapoit maat be ex		•		
File Dates	<u> </u>		Under penalty of perjury, I declare and affirm that I have exa this report, including any accompanying schedules and stat and that all statements contained herein are true and correct		
Checking we was		FILED	Signature of Authorized Representative	1/2. U	
FOR SECHETARY OF STA	TE USE ONLY	FEB 0 1 2016	Brian Kelley, President		
Form No. 630		h 304	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012