



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 155364		2. Exact name of the limited liability company RUHLE & KERR ASSOCIATES, LLC	
3. State of Formation WA		4. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND LEASING OF REAL ESTATE	
5. Principal office address 600 BRIGHTON STREET		City BETHLEHEM	State PA
		Zip 18015	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID A. HILLMAN		Contact Title CFO	
Street Address 600 BRIGHTON STREET		City BETHLEHEM	State PA
		Zip 18015	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
		18015	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

MAY 03 2016

By

273478

A.A. 12:53 p.m.

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.

David Hillman

Signature of Authorized Person

4-5-16

Date

DAVID A. HILLMAN, CFO

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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