



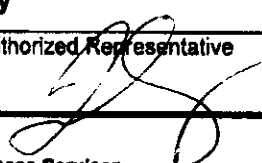
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 146868		2. Exact name of the Corporation Kilday Home Services, Inc.	
3. Principal Office Address 51 Waldo Road		City Warwick	State RI
		Zip 02889	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Provide home improvements, cabinet making, painting, carpet cleaning etc.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Kilday		Vice-President Name	
Street Address 51 Waldo Road		Street Address	
City Warwick	State RI	Zip 02889	
Secretary Name		Treasurer Name Heidi Kilday	
Street Address		Street Address 51 Waldo Road	
City	State	Zip	
		City Warwick	State RI
		Zip 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	Zip	
		City	State
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
		City	State
		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS SERIES PAR VALUE	
Changes require an additional filing.		200 Common No Par	
11. 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. 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.			
Name of Authorized Representative John Kilday		Date 3-1-17	
Signature of Authorized Representative  SIGN DOCUMENT HERE			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 06 2017

BY

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