



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 **2016**

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.

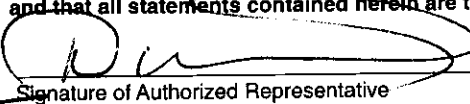
1. Entity ID No. 000128725		2. Exact name of the Corporation Kieliszak, Eggert and Company, Ltd.			
3. Principal office address c/o Daniel Kieliszak, 49 Lakecrest Drive			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-864-1911			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island to perform the business of accounting, tax and all other lawful services related to the accounting industry.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Daniel E. Kieliszak			Vice-President Name James R. Eggert		
Street Address 49 Lakecrest Drive			Street Address 15115 E. Vermillion Drive		
City Warwick	State RI	Zip 02889	City Fountain Hills	State AZ	Zip 85268
Secretary Name Daniel E. Kieliszak			Treasurer Name James R. Eggert		
Street Address See Above			Street Address See Above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Daniel E. Kieliszak			Director Name James R. Eggert		
Street Address See Above			Street Address See Above		
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 ("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
			4,000	common	\$1.00

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
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 03 2016
 1412

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
Daniel E. Kieliszak
 Print or Type Name of Authorized Representative

1/28/16
 Date