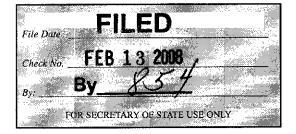


Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___2008

Filing Period; January 1 - March 1 Filing Fee: \$50.00* * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 2. Name of Corporation 1. Corporate ID No. 59781 Maximum Production Components, 3. Street Address Principal Business Office 02852 15 Third Street No<u>rth</u> RI Kingstown 5. State of Incorporation Business Phone No. 401-295-1044 RHODE ISLAND MARKETING, BROKERING, SELLING AND CONSULTING WITH RESPECT TO VARIOUS POLYMERS, TOOLS INSTRUMENTS AND FABRICATED MATERIALS.
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Ronald J. Heagney William D. Heagney Street Address Street Address Box 546 State Zio 02852 0.285.2 North Kingstown North Kingstown I RI. William D. Heagney William D. Heagney Street Address Street Address P.O. Box 546 P.O. Box 546 State State 02852 02852 North Kingstown RΙ North Kingstown 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address Ζip City State Zip City State Director Name None None Street Address Street Address State Zip State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares . Class/Series Par Value Par Value Number of Shares Class/Series 500 Common No Par 2,000 COMM NO PAR VALUE

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			
including any accompanying sched contained herein are true and corre		tements, and thi	at an statement
WD. &	Lean	gned	2/8/08
Signature	V	Date/	* /

William D. Heagney
Print or Type Name

President

Title