



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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.

1. Corporate ID No. 59781		2. Name of Corporation Maximum Production Components, Inc.		
3. Street Address Principal Business Office 15 Third Street			City North Kingstown	State RI
			Zip 02852	
4. Business Phone No. 401-295-1044		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island MARKETING, BROKERING, SELLING AND CONSULTING WITH RESPECT TO VARIOUS POLYMERS, TOOLS, INSTRUMENTS AND FABRICATED MATERIALS.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name William D. Heagney		Vice President Name Ronald J. Heagney		
Street Address P.O. Box 546		Street Address P.O. Box 546		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
		Zip 02852		
Secretary Name William D. Heagney		Treasurer Name William D. Heagney		
Street Address P.O. Box 546		Street Address P.O. Box 546		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
		Zip 02852		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
		Zip		
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
		Zip		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
2,000	COMM NO PAR VALUE		500	Common
				No Par

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.

FILED

File Date: **FEB 13 2008**

Check No. **854**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

W.D. Heagney 2/8/08
Signature Date

William D. Heagney

Print or Type Name

President

Title