



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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		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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 500	Class/Series Common
			Par Value No Par
		THIS SECTION MUST BE COMPLETED	

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 10:29

MAY 20 2010

By: *[Signature]*
118642

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] 5/18/2010
Signature Date

William D. Heagney

Print or Type Name
President

Title

File Date: _____
Check No.: _____
By: _____

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