

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

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

2007

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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. <b>2585</b>	2. Name of Corporation  Bobcat Mfg. Corp.				
3. Street Address Principal Business O	ffice		City	State	Zip
4. Business Phone No.	till Koad	5. State of Incorporation	Johnston	1 1/1	107616
401-647-3391 RHODE ISLAND					
6. Brief Description of the Character of MACHINED PRODUCT	f Business Conducted in I				
7. NAMES AND ADDRESSES	OF THE OPPICERS	CYY ROY FOR ATTA	CHMENT) THE IN SP.	ACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Alan Adams			Samo		
Street Address 100 Peck Hill Road			Street Address		
City City	State	Zip C C	City	State	Ζip
Johnstm Secretary Name	IX.I	1 03919	Treasurer Name		
Samo			Treasurer Traine		
Street Address			Street Address		
City	State	Zíp	City	State	Zip
					1
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) TILL IN 3  Director Name	SPACES BEFORE USING A	TTACHMENTS
Director Name  Adams  Adams			Director Traine		
Street Address 100 Pack Hill Road			Street Address		
City.	State NOC	Zip	City	State	Zip
Johnston	<u>R</u>	102919			
Director Name	·	·	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (	 "X" BOX FOR ATTA	 CHMENT) [	in 10. SHARES ISSUED (	 ("X" BOX FOR ATTACHM	 VENT) [
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE			4	Common	None
				ION MUST BUSINESS	
mi:	1 1 10 01	. 1	1 701		<u> </u>
This report must be executed this report must be executed				rporation is in the hands of	r a receiver or trustee,
				rjury, I declare and affirm that	
	2585	٦	including any according contained herein are	pranying schedules and stater	nents, and that all stateme
File Date FILED	•			8.	-31-07
OFD #20	<b>17</b>		Signature		Date
Check No. SEP 7 2007  By: By // A			Alan Adams		
			Print or Type Name		
FOR SECRETARY OF ST	TETERANIE I	89	O'resid	unt	
FOR SECRETARI OF SE	A B USE GIVE		Title		Form 630 Rev. 08/06