



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

**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 <b>Bobcat Mfg. Corp.</b>		
3. Street Address Principal Business Office <b>100 Peck Hill Road</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-647-3391</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>MACHINED PRODUCT</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Alan Adams</b>		Vice President Name <b>Same</b>		
Street Address <b>100 Peck Hill Road</b>		Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State
Secretary Name <b>Same</b>		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Same Alan Adams</b>		Director Name		
Street Address <b>100 Peck Hill Road</b>		Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>100 COMM NO PAR VALUE</b>			<b>4</b>	<b>Common</b>
				<b>None</b>

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.



<b>FILED</b>		2585
File Date	<b>SEP - 7 2007</b>	
Check No.	<b>1851</b>	
By:	<b>By</b>	
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.

**Alan Adams** **8-31-07**  
Signature Date  
**Alan Adams**  
Print or Type Name  
**President**  
Title