



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 2008

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. 98459		2. Name of Corporation KMC Inc.			
3. Street Address Principal Business Office 20 Technology Way			City W. Greenwich	State RI	Zip 02817
4. Business Phone No. 401-392-1900		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacturer of Industrial Products					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. Fouad Zeidan			Vice President Name John Caprio		
Street Address 1602 Oak Trace Court			Street Address 90 Alton Rd., Unit 2409		
City Pearland	State TX	Zip 77581	City Miami Beach	State FL	Zip 33139
Secretary Name Dr. Fouad Zeidan			Treasurer Name Dr. Fouad Zeidan		
Street Address 1602 Oak Trace Court			Street Address 1602 Oak Trace Court		
City Pearland	State TX	Zip 77581	City Pearland	State TX	Zip 77581
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Fouad Zeidan			Director Name John Caprio		
Street Address 1602 Oak Trace Court			Street Address 90 Alton Rd., Unit 2409		
City Pearland	State TX	Zip 77581	City Miami Beach	State FL	Zip 33139
Director Name			Director Name		
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 — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	\$1.00	200	Common	\$1.00

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 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: *John Caprio* Date: 1/3/08
Print or Type Name: John Caprio
Title: Vice President

FILED	
File Date	JAN 07 2008
Check No.	
By:	By 19119
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