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.	2. Name of Corporation			
155340	KMR Corp., Inc.			
3. Street Address Principal Business Office		City	State	Zip
125 Carlsbad Street		Cranston	RI	02920
4. Business Phone No.	5. State of Incorporation			
(401) 946-0700	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE TRANSPORTATION INDUSTRY OR ANY OTHER LAWFUL PURPOSE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
David L. Roche	125 Carlsbad Street	Cranston	RI	02920

Vice President Name	Street Address	City	State	Zip
Kathleen M. Roche	125 Carlsbad Street	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Kathleen M. Roche	125 Carlsbad Street	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
David L. Roche	125 Carlsbad Street	Cranston	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	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.

[redacted] [redacted]

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 *Date* 1-9-08

David L. Roche
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. JAN 14 2008
By By 7859
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06