

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

## 2008

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 penali	ty fee of \$25.00.		(,)() (m) ( )	
1. Corporate ID No.	2. Name of Corporal	ion	ر		
000068290	KA Sh	eet METAL	Systems, INC		T
3. Street Address Principal Busine  51 Coloni  4. Business Phone No.	ss Office Al AlEI	111E	Systems, INC	State R. 1	0 2886
4. Business Phone No.	1106.	5. State of Incorporation	1 comment		·
401-738-51	797	R.L.			
	vices with	installation	of Henting and		
			"ACHMENT") TILL IN S Vice President Name	PACES BEFORE USING	3 ATTACHMENTS
RODALD A. ANNUNZIATA			none		
Street Address			Street Address		
resident Name  Ronald A. ANNUNZIATA  treet Address  65 DEACON AUE TUE  State  WArwick R.1. Zip  02886			hone		
wArwicK	State R. 1.	02856	City	State	Zip
Secretary Name			Treasurer Name		
None Street Address			None Street Address		
NONE			Street 2118147655		
none	Stale	Zip	Сиу	State	Zip
8. NAMES AND ADDRESS	ES OF THE DIRECT	ORS: ("X" BOX FOR A	<i>TTACHMENT)</i> 📋 FILL IN	SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		
none			none		
Street Address  001e			Street Address		
Сиу	State	Zip	City	State	Zip
Director Name NONE			Director Name 101ヒ	-	
Street Address			Street Address		
none.	State	Zip	City none	State	Zip
V,-				1	- X
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 Con	im NO PA	VAIUE	hone		
TPL:	_d b_b_10 _0.0		and someontations 16 st	annountion in the the tree	do of a magainer or trust
This report must be execute this report must be executed			zed representative. If the corror trustee.	orporation is in the han	us of a receiver of trustee,
report more or oncode		<u>p</u>			
<del> </del>			Under penalty of po	eriury, I declare and affirm	that I have examined this rep
			including any acco	mpanying schedules and s	statements, and that all stateme
111.1	(a.O		contained herein ar		. 1 1
File Date 7/4/	UB	-	Konula	1 9. amyla	- 3/10/08 - Date HTH
Charles 169	7		Signature	2 2	. Date
Check No / 6.76		-	KonAld	H. HNNUNZI	ATA
Ву:		_	Print or Type Name	,	
FOR SECRETARY OF	STATE USE ONLY		Presio	len T	
1 V JON SECRETARY OF	STAIL OUD OND!	]	Title		Form 630 Rev. 12/06