



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. 40803		2. Name of Corporation Keystone Enterprises, Inc.		
3. Street Address Principal Business Office 65 RockRidge Rd.		City Lincoln	State R.I.	Zip 02865
4. Business Phone No. 401-724-8451		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Provide sale and Rental of Video Tapes and Equipment.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jerry V. Jorge		Vice President Name Frederick G. Kilsay		
Street Address 65 RockRidge Rd.		Street Address 209 Old River Rd.		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.
Secretary Name Jerry V. Jorge		Treasurer Name Jerry V. Jorge		
Street Address 65 RockRidge Rd.		Street Address 65 RockRidge Rd.		
City Lincoln	State R.I.	Zip 02865	City Lincoln	State R.I.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jerry V. Jorge		Director Name Dale A. Clarke		
Street Address 65 RockRidge Rd.		Street Address 2441 Calico Creek Ct.		
City Lincoln	State R.I.	Zip 02865	City Las Vegas	State NV
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
800	Common	No Par Value	800	Common
				No Par Value

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.

**FILED**

File Date **FEB 25 2008**  
By **DS 8409**  
Check No.  
By:  
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.

*Frederick G. Kilsay* 2/15/08  
Signature Date  
**Frederick G. Kilsay**  
Print or Type Name  
**Vice President**  
Title