



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. 000093587		2. Name of Corporation Rocky Mountain Fiber Plus, Inc.			
3. Street Address Principal Business Office 33555 County Road 37			City Kiowa	State CO	Zip 80117
4. Business Phone No. 303-621-2820		5. State of Incorporation Nevada			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jesse Hill			Vice President Name		
Street Address 7770 Greenland Road			Street Address		
City Franktown	State CO	Zip 80116	City	State	Zip
Secretary Name Denise A Sorres			Treasurer Name Denise A Sorres		
Street Address 33 Falcon Hills Drive			Street Address 33 Falcon Hills Drive		
City Highlands Ranch	State CO	Zip 80126	City Highlands Ranch	State CO	Zip 80106
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
20,000		No Par Value	9725.25		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.

File Date **FILED**  
Check No. **FEB 25 2008**  
By: **1/83/08**  
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.

*Jesse Hill* 2/8/08  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
-JESSE HILL  
Print or Type Name \_\_\_\_\_  
PRES  
Title \_\_\_\_\_