



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. 70859		2. Name of Corporation KCN, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road, Ste. 1			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island To Own and Operate a Charter Fishing Boat					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Francis W. Blount, Jr.			Vice President Name Christine Blount		
Street Address PO Box 3724			Street Address PO Box 3724		
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
Secretary Name Christine Blount			Treasurer Name Francis W. Blount, Jr.		
Street Address PO Box 3724			Street Address PO Box 3724		
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Francis W. Blount, Jr.			Director Name Christine Blount		
Street Address PO Box 3724			Street Address PO Box 3724		
City Peace Dale	State RI	Zip 02883	City Peace Dale	State RI	Zip 02883
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
100	COMM NO PAR VALUE		100	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.

FILED

File Date **FEB 28 2008**
By **DS 4995**
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.

Christine Blount 2/11/08
Signature Date
Christine Blount
Print or Type Name
Vice President/Secretary
Title