

**Matthew A. Brown**, Secretary of State Corporations Division 148 W. River St.

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\*

\* 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. 63183		2. Name of Corporation MAK ASSOCIATES, INC.				
3. Street Address Principal Business Office 1351 ELMWOOD AVENUE			CRANSTON	State RI	<sup>Zip</sup> 02910	
4. Business Phone No. 5. State of Incorpor RHODE ISLA						
6. Brief Description of the Chara MANUFACTURE AND	icter of Business Conduc SALE OF BOLTS,	ted in Rhode Island SCREWS AND OTHE	R FASTENERS AND RELAT	ED SERVICES AND PR	RODUCTS	
			ATTACHMENT) 🛮 FILL IN 9			
A Robert D'Uva			Vice President Name Rita D'Uva			
Street Address 1351 Elmwood Avenue			Street Address 1351 Elinwood Avenue			
Chy Cranston	State RI	Ζφ 02910	City Connector	State	Zip	
Secretary Name		102910	Cranston  Treasurer Name	RI	02910	
A Robert D'Uva			A Robert D'Uva			
Street Address 1351 Elmwood Avenue			Street Address 1351 Elmwood Avenue			
City Cranston	State RI	<i>жр</i> 0 <b>29</b> 10	Cuy Cranston	State RI	<i>Ζψ</i> 02910	
1	1		ATTACHMENT) [ FILL IN		G ATTACHMENTS	
Director Name None			Director Name	HOLD THE STATE OF	· · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address			
and the second of the second o					:	
City	State	Zip	City	State	$Z_{ip}$ and the street $z_{ip}$	
Director Name			Director Name			
Street Address			Street Address			
СЩу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES			
Number of Shares	Clas√Series	Par value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE	<u> </u>		1,000	Common	No Par Value	
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This report must be avesu	tad on bahalf of the					
this report must be execut	ed on behalf of the	corporation by the recei	orized representative. If the coiver or trustee.	orporation is in the hands	of a receiver or trustee,	
		FILE	ED .			
		MAR W				
the second of		MAR ⊕ ₄ <b>B</b> V	Under penalty of pe	erjury, I declare and affirm t	hat I have examined this report	
	FILED		including any accordance on tained herein and	mpanying schedules and sta	tements, and that all statements	
File Date	0.11	_	- 120 M		2/21/08	
Check No.	\		Signature	· · · · · · · · · · · · · · · · · · ·	Date	
By:By:			A Robert D'Uva			
			Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY		President Title	· · · · · · · · · · · · · · · · · · ·		
			iiile		Form 630 Rev. 12/05	