

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 12/06

## 2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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				J (2 ) J	
1. Corporate ID No. <b>59614</b>	2. Name of Corporation KCR Mfg., Inc.				
.). Street Address Principal Business Office 192 GEORGIA AVENUE			PROVIDENCE	State RI	02905
4. Business Phone No. 401-467-4300		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of MANUFACTURE, SALE AN	ID DISTRIBUTION C	OF BELT BUCKLES, C			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		CES BEFORE USING A	ATTACHMENTS
President Name			Vice President Name		
Kevin C. Redmond			: !		······································
Street Address 192 Georgia Avenue			Street Address		
City Providence	State RI	スゆ <b>02905</b>	СПу	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Kevin C. Redmond		
Street Address 38 Bellevue Avenue			Street Address 192 Georgia Avenue		
CH)	State	Zip	СЧү	State	Zip
Newport	RI	02840	Providence	RI	02905
8. NAMES AND ADDRESSES	OF THE DIRECTORS	" ("X" BOX FOR ATT	ACHMENT) 📗 FILL IN S	PACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Kevin C. Redmond			Steven M . McInnis		
Street Address			Struet Address		
192 Georgia Avenue			38 Bellevue Avenue		
City	State	Zip	ĊΪĮF	State	Zip
Providence	RI	02905	Newport	RI	02840
Director Name		***************************************	Director Name	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address			Street Address		
City	State	Zψ	СНу	State	Zip
A CHARGO AITHOUTER C	 "V" ROY EOD ATTAC	 'HMENT') [T]	: 10. SHARES ISSUED (	 "X" BOX FOR ATTACE	IMENT) []
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) []  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
AUTHORIZED SHARES	Cl C	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares	Class/Series	rar value		_	
8,000 NO PAR VALUE			55	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.					
this report must be executed	on behalf of the corpo	nation by the receiver (	n nusice.		
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying synedules and statements, and that all statements
File Date FILED	contained berein life and confect.  3/14/08
Check NoMAR 2 4 20081	Kevin C. Redmond
By:	Print or Type Name  President
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 12/06