



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

AMENDED

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. 52591		2. Name of Corporation REMOTE CONTROL INC		
3. Street Address Principal Business Office 77 Circuit Drive			City N. KINGSTOWN	State RI
4. Business Phone No. 401-294-1400		5. State of Incorporation RI		
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 Alexander Busby			Vice President Name NIA	
Street Address ROTORAK FLUID SYSTEMS - ROTORAK HOUSE BRASSMILL LANE			Street Address	
City BATH	State ENGLAND	Zip BA1 3JQ	City	State
Secretary Name NIA			Treasurer Name Fred Dowdeswell	
Street Address			Street Address ROTORAK CONTROLS INC. 675 Mile Crossing Blvd	
City	State	Zip	City Rochester	State NY
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Alexander Busby			Director Name Robert Arnold	
Street Address ROTORAK FLUID SYSTEMS - ROTORAK HOUSE BRASSMILL LANE			Street Address ROTORAK CONTROLS INC 675 MILE CROSSING BLVD	
City BATH	State ENGLAND	Zip BA1 3JQ	City ROCHESTER	State NY
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares			Class/Series	
Par Value			Par Value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares			Class/Series	
Par Value			Par Value	
THIS SECTION MUST BE COMPLETED				

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: JUL 21 2008 11:02
Check No.: By: [Signature]
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.

Signature: [Signature] Date: 7/17/08
Print or Type Name: Fred Dowdeswell
Title: Treasurer

RECEIVED
JUL 21 2008 12:00 PM
STATE



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

