



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. <u>54408</u>		2. Name of Corporation <u>VIKING SUPPLY COMPANY</u>		
3. Street Address Principal Business Office <u>36 FRIENDSHIP ST.</u>			City <u>Westery</u>	State <u>RI</u>
4. Business Phone No. <u>401-348-9220</u>		5. State of Incorporation <u>CT</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Wholesale PB&G + HTG SUPPLIES</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>John F. Kindelan Jr.</u>		Vice President Name <u>James J. Kindelan</u>		
Street Address <u>883 STONINGTON RD</u>		Street Address <u>314 Shuman Kanoe Hill RD</u>		
City <u>PAWCATUCK</u>	State <u>CT</u>	Zip <u>06379</u>	City <u>CHARLESTOWN</u>	State <u>RI</u>
Secretary Name <u>KAREN S. Kindelan</u>		Treasurer Name <u>John F. Kindelan Jr</u>		
Street Address <u>883 STONINGTON RD</u>		Street Address <u>883 STONINGTON RD</u>		
City <u>PAWCATUCK</u>	State <u>CT</u>	Zip <u>06379</u>	City <u>PAWCATUCK</u>	State <u>CT</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
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	Number of Shares	Class/Series
<u>300</u>	<u>Comm. - NO PAR Value</u>		<u>100</u>	<u>Common</u>
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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**
NOV 18 2008
Check No. 073364 9:24
By: [Signature]
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 Karen S. Kindelan Date 11-10-08
Print or Type Name KAREN S. Kindelan
Title Corps Sec