



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 2009

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. 93507		2. Name of Corporation KCM Flavors Inc			
3. Street Address Principal Business Office 389 Warwick Ave			City Warwick	State RI	Zip 02888
4. Business Phone No. 401-467-7390		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Make Flavors for Soda Bottling Companies and Camera Repair					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Keith J. Fortin			Vice President Name Mark A. Fortin		
Street Address 112 Longmeadow Avenue			Street Address 56 Weeks Street		
City Warwick	State RI	Zip 02889	City Cumberland	State RI	Zip 02864
Secretary Name Keith J. Fortin			Treasurer Name Mark A. Fortin		
Street Address 112 Longmeadow Ave			Street Address 56 Weeks Street		
City Warwick	State RI	Zip 02889	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Keith J Fortin			Director Name Mark A. Fortin		
Street Address 112 Longmeadow Ave			Street Address 56 Weeks Street		
City Warwick	State RI	Zip 02888	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1000	Class/Series Common	Par Value NPV

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
Check No. FEB 24 2009
By: <u>123</u>
By: <u>FOR SECRETARY OF STATE USE ONLY</u>

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.

Keith J. Fortin 2/23/09
Signature Date
Keith J. Fortin
Print or Type Name
President
Title