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.	2. Name of Corporation			
93507	KCM Flavors Inc			
3. Street Address Principal Business Office		City	State	Zip
389 Warwick Ave		Warwick	RI	02888
4. Business Phone No.	5. State of Incorporation			
401-467-7390	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	Vice President Name
Keith J. Fortin	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	Director Name
Keith J Fortin	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

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	Common	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.

[redacted] [redacted]

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 — Date: 2/23/09

Keith J. Fortin
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No.
FEB 24 2009
By:
By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08