



Office of the Secretary of State

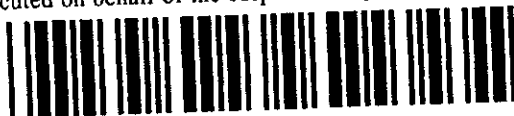
Providence, RI 02904-2615  
401.222.3040

# 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. <b>80101</b>		2. Name of Corporation <b>KDK Corp.</b>		City <b>COVENTRY</b>		State <b>R.I.</b>		Zip <b>02816</b>	
3. Street Address Principal Business Office <b>1 JACK PINE RD.</b>				5. State of Incorporation <b>RHODE ISLAND</b>					
4. Business Phone No. <b>888-1420</b>				6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ACT AS A GENERAL PARTNER OF A LIMITED PARTNERSHIP.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.									
President Name <b>None</b>				Vice President Name <b>KIMBERLY ASHLEY</b>					
Street Address <b>1 JACK PINE RD.</b>				Street Address <b>1 JACK PINE RD.</b>					
City <b>COVENTRY,</b>		State <b>R.I.</b>		Zip <b>02816</b>		Treasurer Name <b>SAME</b>			
Secretary Name <b>SAME</b>				Street Address <b>SAME</b>					
City <b>COVENTRY,</b>		State <b>R.I.</b>		Zip <b>02816</b>		8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.			
Director Name <b>NONE</b>				Director Name <b>NONE</b>					
Street Address <b>NONE</b>				Street Address <b>NONE</b>					
City <b>NONE</b>		State <b>NONE</b>		Zip <b>NONE</b>		9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Number of Shares				Class/Series		Par Value		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
8,000 \$1.00 PAR VALUE				COMMON		NONE		Number of Shares	
								Class/Series	
								Par Value	

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	<b>2-24-09</b>	*80101
Check No.	<b>733</b>	
By	<b>MNC</b>	
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.

**Kimberly Ashley** **2/22/09**  
Signature Date  
**KIMBERLY ASHLEY**  
Print or Type Name  
**Vice Pres / Treasurer / Secretary**  
Title