Office of the Secretary of State

Providence, RI 02903-2615
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

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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	City	State	Zip
80101	KDK Corp.	COVENTRY	R.I.	02816

3. Street Address Principal Business Office	4. Business Phone No.	5. State of Incorporation
1 JACK PINE RD.	828-1420	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ACT AS A GENERAL PARTNER OF A LIMITED PARTNERSHIP.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
None	KIMBERLY ASHLEY
Street Address	**Street Address**
	1 JACK PINE RD.
City / State / Zip	**City / State / Zip**
	COVENTRY, R.I. 02816
Secretary Name	**Treasurer Name**
SAME	SAME
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
NONE	
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES — Number of Shares	Class/Series	Par Value
8,000	$1.00 PAR VALUE	COMMON

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED — Number of Shares	Class/Series	Par Value
NONE		

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 rep including any accompanying schedules and statements, and that all statem contained herein are true and correct.

Kimberly A Ashley — Signature — 2/22/09 — Date

KIMBERLY ASHLEY — Print or Type Name

[redacted] Vice Pres / Treasurer / Secretary — Title

80101

File Date 2-24-09

Check No. 733

By: MNC

FOR SECRETARY OF STATE USE ONLY

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