



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(c), 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 20626		2. Name of Corporation Polychem Corp.			
3. Street Address Principal Business Office 1340 WATERFORD DRIVE		City EAST GREEN.	State R.I.	Zip 02818	
4. Business Phone No. 401-885-5594		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Holding Company					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William R. Killen		Vice President Name MARY M. Killen			
Street Address 1340 WATERFORD DRIVE		Street Address 1340 WATERFORD DRIVE			
City EAST GREENWICH	State R.I.	Zip 02818	City EAST GREENWICH	State R.I.	Zip 02818
Secretary Name MARY M. Killen		Treasurer Name William R. Killen			
Street Address 1340 WATERFORD DRIVE		Street Address 1340 WATERFORD DRIVE			
City EAST GREEN.	State R.I.	Zip 02818	City EAST GREEN.	State R.I.	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		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 600 Comm. No PAR Value					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares None		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 3-3-09
Check No. 751
By: <u>MNC</u>
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 Mary M. Killen Date 3/1/09
Print or Type Name MARY M. Killen
Title Vice Pres.