

Knight

1. Corporate ID No. 256585 A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

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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(cc/d)) is subject to a penalty fee of \$25.00.

| 3. Street Address Principal Business Office J J J J J J J J J J J J J J J J J J J   |             |                           | Westerly   | State<br>RI                       | 02891     |
|---|-------------|---------------------------|--|-----------------------------------|-----------|
| 4. Business Phone No.   |             | 5. State of Incorporation | · , , '  |                                   |           |
| 401-322-1574<br>6. Brief Description of the Character of  |             | Rhode Rhode               | Island   |                                   |           |
|   |             |                           |  |                                   |           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC<br>President Name  |             |                           | CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS: Vice President Name |                                   |           |
| Jonathan F. Knight  |             |                           | Randolph C. Knight   |                                   |           |
| Street Address U  |             |                           | Street Address 419 Shore Rd.   |                                   |           |
| City City   | State       | Zip                       | City   | State                             | Zip       |
| Westerly  | I RI        | 109841                    | Westerly   | KI                                | 02891     |
| Secretary Name  |             |                           | Randolph C. Knight   |                                   |           |
| Street Address  |             |                           | Street Address   |                                   |           |
| City  | State       | Zip                       | 419 Shore  | Rd .<br>State                     | Zip       |
| ·   |             |                           | Westerly   | RI                                | 02891     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Director Name               |             |                           |  |                                   |           |
|   |             |                           |  |                                   |           |
| Street Address  |             |                           | Street Address   |                                   |           |
| City  | State       | Zip                       | City   | State                             | Zip       |
|   | <b></b>     | <u> </u>                  |  |                                   |           |
| Director Name Director Name   |             |                           |  |                                   |           |
| Street Address  |             |                           | Street Address   |                                   |           |
| City  | State       | Zip                       | City   | State                             | Zip       |
| 9. SHARES AUTHORIZED  | i           | I                         | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)                             |                                   |           |
|   |             |                           | issued shares — This section  Number of Shares                         | N MUST BE COMPLETED  Class/Series | Par Value |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of                 |             |                           | Humber of Shares   | _                                 | rar value |
| instruction sheet.  |             |                           | 100  | CWP                               | 0.01      |
|   |             |                           |  |                                   |           |
| 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.   |             |                           |  |                                   |           |
|   |             |                           |  |                                   |           |
| Under penalty of perjury, I deflare and affirm that I have examined this report,  |             |                           |  |                                   |           |
| including any accompanying schedules and statements, and that all statements contained herein are true and correct.                                     |             |                           |  |                                   |           |
| File Date 3/25/09   |             |                           |  |                                   |           |
| MAR 3 1 2009 Signature Date   |             |                           |  |                                   |           |
| By Word & Randolph C. Knight  |             |                           |  |                                   |           |
| By: VP Treasurer  |             |                           |  |                                   |           |
| FOR SECRETARY OF STA  | TE USE ONLY | A與 <del></del>            | Title  | Surei                             |           |
| Form 630 Rev. 08  |             |                           |  |                                   |           |
|   |             | L is                      | t Asid 🚑   |                                   |           |