



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 134020		2. Name of Corporation MBW Motorcycle Products, Inc.			
3. Street Address Principal Business Office 351 Liberty Lane, Unit 5-E		City West Kingston	State RI	Zip 02892	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 3517
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE, PRODUCTION, DISTRIBUTION AND SALE OF MOTORCYCLE PRODUCTS AND PARTS					
8. NAMES AND ADDRESSES OF THE OFFICERS (EX-BOX FOR ATTACHMENT) ☐ FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Jennifer S. Waring			Vice President Name Jennifer S. Waring		
Street Address 20 Southwoods Drive			Street Address 20 Southwoods Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Jennifer S. Waring			Treasurer Name Jennifer S. Waring		
Street Address 20 Southwoods Drive			Street Address 20 Southwoods Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS (EX-BOX FOR ATTACHMENT) ☐ FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (EX-BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (EX-BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	50	Common	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

APR 06 2009

134020 DBC 12/03/03 03:35:42 PM

File Date

Check No.

By:

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 of Officer

Jennifer S. Waring

Print or Type Name of Officer

President

Title of Officer

Date

3/31/09

Form 630 12/01