

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
7 9 401.222,3040

## 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

| 1. Corporate ID No.<br>143170   | 2. Name of Corpo   | subject to a penalty fee of \$25.00.  2. Name of Corporation  MC Industries Inc. |  |   |   |  |
|---|--------------------|--|--|---|---|--|
| 3. Street Address Principal Business Office c/o G. Fater, 55 Memorial Blvd. |                    |  | City<br>Newport                                    | State<br>RI                                     | Zip   |  |
| 4. Business Phone No.<br>401-848-7777                                       |                    | Rhode Island   | 5. State of Incorporation Rhode Island             |   |   |  |
| 6. Brief Description of the Character<br>manufacturers representat          | ive                |  |  |   | 7   |  |
| 7. NAMES AND ADDRESSES<br>President Name<br>James McConnell                 | OF THE OFFIC       | ERS: (*X" BOX FOR AT   | FACHMENT)   FILL IN SPAC                           | es before using                                 | ATTACHMENTS   |  |
| Street Address 70 Wyndham Hill Rd   |                    |  | James McConnell  Street Address 70 Wyndham Hill R  |   |   |  |
| Middletown  | To                 | <sup>Zip</sup> 02842   | Giy Middletown                                     | State<br>RI                                     | Zip 02042   |  |
| Secretary Name James McConnell  |                    |  | Treasurer Name James McConnell                     |   |   |  |
| Street Address  |                    |  | Street Address                                     |   |   |  |
| 70 Wyndham Hill Rd  |                    |  | 70 Wyndham Hill Rd                                 |   |   |  |
| Middletown  | Į ľSi              | <sup>Zip</sup> 02842   | City Middletowr                                    | State   | <i>Ζιρ</i> 02842  |  |
| B. NAMES AND ADDRESSES Director Name N/A                                    | OF THE DIREC       | TORS: ("X" BOX FOR A   | TTACHMENT)   FILL IN SPA                           | CES BEFORE USIN                                 | IG ATTACHMENTS  |  |
| treet Address   |                    |  | Street Address                                     |   |   |  |
| ity   | State              | Zip  | City   | State   | Zip   |  |
| rirector Name   | ****************** | ••••••   | Director Name                                      | l   | l   |  |
| treet Address   | <u> </u>           |  | Street Address                                     | <del></del>                                     |   |  |
| ity   | State              | Zip  | City   | State   | Zip   |  |
| SHARES AUTHORIZED (   | "X" BOX FOR A      | <br> ТАСНМЕЙТ)   | 10. SHARES ISSUED (***                             | BOX FOR ATTAC                                   | <i>нием</i> ту □ ;  |  |
| iumher of Shares Class/Series Par Value                                     |                    | ISSUED SHARES — THIS SECTION  Number of Shares                                   | Class/Series                                       | <del></del>                                     |   |  |
| 2000  | common             | \$1.00   | 100  | common  | Par Value<br>\$1.00   |  |
|   |                    |  | THIS SECTION                                       | TERUST EE S                                     | CAR ENT TO  |  |
| his report must be executed his report must be executed                     | on behalf of the   | corporation by an authori  | zed representative. If the corpor                  | ation is in the hand                            | ls of a receiver or truster                                   |  |
| A Repair  | on ochair of the   | earth  | Under penalty of perjury<br>including any accompan | , I declare and affirm<br>ying schedules and su | that I have examined this re<br>atements, and that all stater |  |
|   |                    |  | contained herein are true  Signature               | and correct.                                    | n # 8/2.  |  |
|   |                    |  | James McCo   | nnell   | Duie /  |  |

President

Title