

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

. <i>ID No</i> 7 4578	KB Surfaces, LLC					
State of Formation Rhode Island	4 Brief description retail counter	on of the character of the hi ertops	ness which is actually conducted in Rhode Island			
Principal office address 5 Industrial Circle		City Lincoln	RI	02865		
ontact Name	DRESS OF LIMITED LIAB	ILITY COMPANY ANI	D NAME OR TITLE OF CONTA Contact Title Member	ACT PERSON:		
Brian Beck Treet Address 15 Industrial Circle		City Lincoln	State RI	^{Zip} 02865		
		CED OF THE LIMIT	ED LIABILITY COMPANY, IF A	APPLICABLE - DO NO	LIST MEMBERS	
, NAME AND A	DDRESS OF EACH MANA FILL IN	SPACES BEFORE US	ING ATTACHMENTS ("X" BO	X FOR ATTACHMENT)		
	ADDRESS OF EACH MANA FILL IN	SPACES BEFORE US	ING ATTACHMENTS ("X" BO: Manager Name	X FOR ATTACHMENT)		
Manager Name	ADDRESS OF EACH MANA FILL IN	SPACES BEFORE US	ING ATTACHMENTS ("X BU,	X FOR ATTACHMENT)		
Manager Name Street Address	ADDRESS OF EACH MANA FILL IN	SPACES BEFORE US	Manager Name	X FOR ATTACHMENT)	Ζίρ	
Manager Name Street Address Cuy	FILL IN	SPACES BEFORE US	Manager Name Street Address	X FOR ATTACHMENT)		
7. NAME AND A Manager Name Street Address City Manager Name Street Address	FILL IN	SPACES BEFORE US	Manager Name Street Address City	X FOR ATTACHMENT)		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date FILED	_
Check N. SEP 3 0 2009	
By By 1863	_
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 Mathorized Person Brian Beck, Member

Print or Type Name of Authorized Person

Form 632 Rev. 08/08