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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(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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.: 118600	2. Name of Corporation: KPM Exceptional Distributors Inc		
3. Street Address Principal Business Office: 926 US Hwy 46	City: Kenvil	State: NJ	Zip: 07847
4. Business Phone No.: 973-584-5400	5. State of Incorporation: New Jersey		
6. Brief Description of the Character of Business Conducted in Rhode Island:			

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Glenn R Beyerl			Vice President Name: Anthony Teoisi		
Street Address: 4 Samantha Lane			Street Address: 245 Ramblewood Pkwy		
City: Califon	State: NJ	Zip: 07830	City: Mt Laurel	State: NJ	Zip: 08054
Secretary Name: Donna Grenot			Treasurer Name:		
Street Address: 255 Berkshire Valley Rd			Street Address:		
City: Wharton	State: NJ	Zip: 07885	City:	State:	Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Glenn R Beyerl			Director Name: Anthony Teoisi		
Street Address: 4 Samantha Lane			Street Address: 245 Ramblewood Parkway		
City: Califon	State: NJ	Zip: 07830	City: Mt. Laurel	State: NJ	Zip: 08054
Director Name: Steven Redan			Director Name:		
Street Address: 14 Pepper Lane			Street Address:		
City: Succasunna	State: NJ	Zip: 07876	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2500	Common	

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.

FILED
File Date: OCT 0 2 2009
Check No.: 3192
By:
38760 R 141291A1
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: Donna L Grenot Date: 9/29/09

Print or Type Name: Donna L. Grenot

Title: Secretary

Form 630 Rev. 08/08