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.	2. Name of Corporation			
000276834	I. Kruger Inc.			
3. Street Address Principal Business Office		City	State	Zip
401 Harrison Oaks Blvd., Suite 100		Cary	NC	27513
4. Business Phone No.	5. State of Incorporation			
919-677-8310	Corth Carolina			

6. Brief Description of the Character of Business Conducted in Rhode Island
Supplying equipment for the Narragansett Bay Commission Waste Water Treatment Plant

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

President Name	Street Address	City	State	Zip
Michael Gutshall	212 Holly Green Lane	Holly Springs	NC	27540
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Sun-Nan Hong	105 James River Road	Cary	NC	27511
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Leigh A. Joyce	225 Ridge Creek Drive	Morrisville	NC	27560
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Leigh A. Joyce	225 Ridge Creek Drive	Morrisville	NC	27560

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2010 JAN -4 AM 10:56

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

Director Name	Street Address	City	State	Zip
Klaus Andersen	401 Harrison Oaks Blvd., Suite 100	Cary	NC	27513
Director Name	**Street Address**	**City**	**State**	**Zip**
Remy Philipon	401 Harrison Oaks Blvd., Suite 100	Cary	NC	27513
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**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
1,000.00	CNP	0.00

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.

[redacted]

FILED
JAN 04 2010
By

File Date _____
Check No. 29-107369
By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Leigh A Joyce 12-29-09
Signature *Date*

Leigh A. Joyce
Print or Type Name

CFO and Secretary/Treasurer
Title

Form 630 Rev. 08/08