



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 2010

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. 93507		2. Name of Corporation KCM Flavors Inc		
3. Street Address Principal Business Office 389 Warwick Ave		City Warwick	State RI	Zip 02888
4. Business Phone No. 401-467-7390		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Make Flavors for Soda Bottling companies and Camera Repair				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Keith J Fortin		Vice President Name Mark A Fortin		
Street Address 111 Longmeadow Ave.		Street Address 56 Weeks Ave		
City Warwick	State RI	Zip 02889	City Cumberland	State RI
Secretary Name Keith J Fortin		Treasurer Name Mark A Fortin		
Street Address 112 Longmeadow Ave		Street Address 56 Weeks Ave		
City Warwick	State RI	Zip 02889	City Cumberland	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Keith J Fortin		Director Name Mark A Fortin		
Street Address 112 Longmeadow Ave		Street Address 56 Weeks Ave		
City Warwick	State RI	Zip 02889	City Cumberland	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares	Class/Series	Par Value
		1000	Common	NPV

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.

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: Keith J. Fortin Date: 2/16/10
Print or Type Name: KEITH J. FORTIN
Title: PRESIDENT

FILED
File Date: FEB 17 2010
Check No.: 631
By: [Signature]
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