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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 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.	2. Name of Corporation		
18022	Reed & Kundy Inc.		
3. Street Address Principal Business Office	City	State	Zip
225 Georgia Ave.	Providence	RI	02905
4. Business Phone No.	5. State of Incorporation		
401-781-2475	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
Wholesale Industrial Supply Distributor

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

President Name	Vice President Name
Cliff McFarland	Peter McFarland
Street Address	Street Address
143 Hoffman Ave.	5 Lake Como Court
City / State / Zip	City / State / Zip
Cranston / RI / 02920	Greenville / SC / 29609
Secretary Name	Treasurer Name
Cliff McFarland	Cliff McFarland
Street Address	Street Address
Same as above.	Same
City / State / Zip	City / State / Zip

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

Director Name	Director Name
Cliff McFarland	Celeste A. Marro
Street Address	Street Address
Same as above	12 Buttonwood Drive
City / State / Zip	City / State / Zip
	Cranston / RI / 02920
Director Name	Director Name
Peter McFarland	
Street Address	Street Address
Same	
City / State / Zip	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
20	Common	No Par

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] [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.

Signature: [redacted] Date: 3/4/2010

Print or Type Name: Cliff McFarland

[redacted] Title: Sec

File Date	3-8-2010
Check No.	074708
By:	MMC

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Form 630 Rev. 08/08