RI SOS Filing Number: 201181432220 Date: 08/10/2011 4:00 PM

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.*

RECEIVED
2011 AUG 10 AM 8:22
SECRETARY OF STATE
CORPORATIONS DIV

1. Corporate ID No.	2. Name of Corporation		
000089214	K.W.P. ASSOCIATES, INC.		
3. Street Address Principal Business Office	City	State	Zip
250 KILLINGLY ROAD	POMFRET CENTER	CT	06259
4. Business Phone No.	5. State of Incorporation		
860-928-1921	CT		
6. Brief Description of the Character of Business Conducted in Rhode Island			
CIVIL ENGINEER			

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

President Name	Vice President Name
TERENCE P CHAMBERS	BRUCE D. WOODIS
Street Address: 250 KILLINGLY ROAD	Street Address: 250 KILLINGLY ROAD
City: POMFRET CENTER, State: CT, Zip: 06259	City: POMFRET CENTER, State: CT, Zip: 06259
Secretary Name	**Treasurer Name**
BRUCE D. WOODIS	TERENCE P CHAMBERS
Street Address: 250 KILLINGLY ROAD	Street Address: 250 KILLINGLY ROAD
City: POMFRET CENTER, State: CT, Zip: 06259	City: POMFRET CENTER, State: CT, Zip: 06259

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

Director Name	Director Name
TERENCE P CHAMBERS	BRUCE D. WOODIS
Street Address: 250 KILLINGLY ROAD	Street Address: 250 KILLINGLY ROAD
City: POMFRET CENTER, State: CT, Zip: 06259	City: POMFRET CENTER, State: CT, Zip: 06259
Director Name	Director Name
Street Address	Street Address
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
1,000	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]

FILED

File Date

Check No. AUG 10 2011

By: a 150052 10:22

BY

66221-7-640425

[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 *Date* 19 JULY 2011

TERENCE P. CHAMBERS
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08