



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 2007

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. 000089214		2. Name of Corporation K.W.P. ASSOCIATES, INC.			
3. Street Address Principal Business Office 250 KILLINGLY ROAD			City POMFRET CENTER	State CT	Zip 06259
4. Business Phone No. 860-928-1921		5. State of Incorporation 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 TERENCE P CHAMBERS			Vice President Name 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 BRUCE D. WOODIS			Treasurer Name 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 TERENCE P CHAMBERS			Director Name 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 1,000	Class/Series COMMON	Par Value 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.

FILED

File Date AUG 10 2011
Check No. 150056
By: 10:22
FOR 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 TERENCE P. CHAMBERS
Date 19 JULY 2011
Print or Type Name
PRESIDENT

Title