

	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>	Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
<b>Business Corporation</b> <b>Annual Report 2012</b> Filing Period: January 1 - March 1		
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.		
<b>ANNUAL REPORT YEAR: <u>2012</u></b>		
<b>1. Corporate ID No. <u>000144571</u></b>		
<b>2. Name of Corporation <u>Kybrit Inc.</u></b>		
<b>3. Street Address Principal Business Office:</b>  No. and Street: <u>1985 MENDON ROAD - SUITE 1</u> City or Town: <u>CUMBERLAND</u> State: <u>RI</u> Zip: <u>02864</u> Country: <u>USA</u>		
<b>4. Business Phone No.</b>  <u>401-334-2005</u>		
<b>FILED</b> JAN 06 2012		
<b>5. State of Incorporation</b>  State: <u>RI</u>		
<b>6. Brief Description of the Character of Business Conducted in Rhode Island</b>  <u>TO ACT AS AGENT OR BROKER FOR INSURANCE COMPANIES IN SOLICITING AND RECEIVING APPLICATIONS FOR FIRE, CASUALTY, PLATE GLASS, AUTOMOBILE, TRUCK AND OTHER MOTOR VEHICLE, ACCIDENT, HEALTH AND LIFE INSURANCE</u>		
<b>7. Names and Addresses of the Officers and Directors:</b>  All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete.		
<b>Title</b>	<b>Individual Name</b> <small>First, Middle, Last, Suffix</small>	<b>Address</b> <small>Address, City or Town, State, Zip Code, Country</small>
PRESIDENT	MICHELLE PICKERING	1985 MENDON ROAD SUITE 1 CUMBERLAND, RI 02864- USA

By MNC  
CH # 2188

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	4,000.00	100.00

**9. 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.**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Michelle Pickering

Business Name:

No. and Street: 1985 MENDON ROAD - SUITE 1

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

Contact Phone: (401) 334-2005 ext:

Contact Email: michelle@pickeringagency.com

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**

**Signed this 4 Day of January, 2012 at 3:55:13 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Michelle Pickering *Michelle Pickering*  
Signature of Authorized Representative of the Corporation

President  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Make Corrections

**FILED**

Accept

Form No. 630  
Revised 09/07

JAN 06 2012

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By *[Signature]*  
*ID # 144571*