



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 118600		2. Name of Corporation KPM Exceptional Distributors, Inc.			
3. Street Address Principal Business Office PO Box N. 926 Route 46			City Kenvil	State NJ	Zip 07847
4. Business Phone No. 973-		5. State of Incorporation NEW JERSEY			6. SIC Code 2518
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE OF EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Troisi			Vice President Name Glenn R Beyerl		
Street Address 245 Ramblewood Parkway			Street Address 4 Samantha Lane		
City Mt. Laurel	State NJ	Zip 08054	City Califon	State NJ	Zip 07830
Secretary Name Donna Grenet			Treasurer Name Glenn R Beyerl		
Street Address 926 Route 46			Street Address 4 Samantha Lane		
City Kenvil	State NJ	Zip 07847	City Califon	State NJ	Zip 07830
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Steve Redan			Director Name Glenn R Beyerl		
Street Address 14 Pepper Lane			Street Address 4 Samantha Lane		
City Succasunna	State NJ	Zip 07876	City Califon	State NJ	Zip 07830
Director Name Anthony Troisi			Director Name		
Street Address 245 Ramblewood Parkway			Street Address		
City Mt Laurel	State NJ	Zip 08054	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
2,500 COMM NO PAR VALUE			1,000	Common	NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **3/22/04**
Check No. **013297**
By: **W.**

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 of Officer **[Signature]** Date **3/22/04**
Print or Type Name of Officer **Glenn R Beyerl**
Title of Officer **Vice President**