



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **118600**
2. Name of Corporation **KPM Exceptional Distributors, Inc.**
3. Street Address Principal Business Office
926 Route 46
4. Business Phone No. **973-584-5400**
5. State of Incorporation **NEW JERSEY**

City **Kenvil** State **NJ** Zip **07847**
6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Distribution of outdoor power equipment

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

President Name
Anthony Troisi
Street Address
245 Ramblewood Parkway
City **Mt. Laurel** State **NJ** Zip **08054**

Vice President Name
Glenn Beyerl
Street Address
4 Samantha Lane
City **Califon** State **NJ** Zip **07830**

Secretary Name
Donna Grenot
Street Address
255 Berkshire Valley Road
City **Wharton** State **NJ** Zip **07885**

Treasurer Name
Glenn Beyerl
Street Address
4 Samantha Lane
City **Califon** State **NJ** Zip **07830**

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

Director Name
Steven Redan
Street Address
14 Pepper Lane
City **Succasunna** State **NJ** Zip **07876**

Director Name
Anthony Troisi
Street Address
245 Ramblewood Parkway
City **Mt. Laurel** State **NJ** Zip **08054**

Director Name
Glenn Beyerl
Street Address
4 Samantha Lane
City **Califon** State **NJ** Zip **07830**

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,500 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 Common None

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



* 1 1 8 6 0 0 *

File Date: 1-24-02

Check No.: 9120

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that the statements contained herein are true and correct.

Signature of Officer [Signature] Date 1/18/02

Glenn R. Beyerl
Print or Type Name of Officer

Vice President
Title of Officer

Chairman

Steven I. Redan
14 Pepper Lane
Succasunna, NJ 07876