RI SOS Filing Number: 201908233420 Date: 7/29/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SYCS DIV

2019 JUL 29 AM 11:54

1. Entity ID Number	2. Exact name of the Corporation									
1 793599	KMEL COR	RP(DRATION							
3. Principal Office Address				City			State Zip			
1670 EAST RACE STREET				ALLENTOWN			PA	18109-95	80	
4. NAICS Code	6. Brief descripti	on c	f the character of bus	iness condu	cted in Rhode Island					
453990]									
5. State of Incorporation										
PA	SURVEY EQUIPMENT									
7. List ALL officers (names and					Check the box to indicate an attachment					
President Name					Vice-President Name					
GEORGE H ALLPORT III										
Street Address				Street Address						
2845 GOLF CIRCL										
City	State	Zip	•	City		State		Zip		
EMMAUS	PA	1	8049-1733							
Secretary Name				Treasurer Name						
Street Address				Street Address						
City	State Zip)	City		State		Zip		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment					
Director Name				Director Name						
Chara Addison				Street Address						
Street Address				Olice Nation						
City	State	State Zip		City		State	State Zip			
Director Name				Director Name						
Street Address				Street Address						
Olicel Modicas				- Olioct riouross						
City	State Zip		· · ·	City		State		Zip		
9. Shares Authorized		<u> </u>	10. Shares Issued	ļ	Ch	l neck the bo	x to indica	ite an attachment	T :	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIFS				PAR VALUE			
				1000 A			1			
Changes require an additional filing.										
11. 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.										
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.										
Name of Authorized Representative							Date 7/26/19			
Signature of Authorized Representation										
GEORGE H ALLPORT III										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILEU** 62
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