

1.) CORPORATION NAME:

**NEW RIVER KINEMATICS, INC.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **04246732**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 436 MCLAWS CIRCLE

CITY/ST/ZIP: WILLIAMSBURG, VA 23185

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PAUL J COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	436 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	ROBERT J. SALERNO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	436 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	MARK DELANEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	250 CIRCUIT DRIVE		
CITY/ST/ZIP/CO:	NORTH KINGSTOWN, RI 02852		

NAME:	COLLIN A. WEBB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5051 PEACHTREE CORNERS CIR STE 250		
CITY/ST/ZIP/CO:	NORCROSS , GA 30092		

NAME:	DAVID MILLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CEDAR HOUSE, 78 PORTSMOUTH ROAD		
CITY/ST/ZIP/CO:	COBHAM, SURREY KT11 1AN, GB		

NAME:	JOSEPH M. CALKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	436 MCLAWS CIRCLE		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORBERT HANKE DIRECTOR CEDAR HOUSE, 78 PORTSMOUTH RD COBHAM, SURREY KT11 1AN, GB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK DELANEY CFO 250 CIRCUIT DRIVE NORTH KINGSTOWN, RI 02852	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK DELANEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK DELANEY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/28/2013 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.