

An affiliate of Raymond Chabot Grant Thornton LLP

District of: Quebec Division No: 06

Court No: 33-2580512 Estate No: 33-2580512

#### FORM 68

#### Notice of Bankruptcy, First Meeting of Creditors

(Subsection 102(1) of the Act)

In the matter of the Bankruptcy of 6188273 Canada Ltée o/a Kevin Rose Distributing corporation having done business at 43, rue des Dunes, in the city of Gatineau, province of Quebec, J8R 3P9.

		✓ Original	Amended
Га	ke notice that:		
۱.	6188273 Canada Ltée o/a Kevin Rose Distributing filed an ass the undersigned, Raymond Chabot Inc., was appointed as trus receiver, subject to affirmation by the creditors of the trustee's a	stee of the estate of	the bankrupt by the officia

- 2. The first meeting of creditors of the bankrupt will be held on 26th day of November, 2019, at 10:00 AM at the office of Gréber, at 195, boul. Gréber, Suite 202, Gatineau, Quebec, J8T 3R1.
- 3. To be entitled to vote at the meeting, a creditor must file with the trustee, before the meeting, a proof of claim and, where necessary, a proxy.
- 4. Enclosed with this notice are a proof of claim form, proxy form and list of creditors with claims amounting to \$25 or more showing the amounts of their claims.
- 5. Creditors must prove their claims against the estate of the bankrupt to share in any distribution of the proceeds realized from the estate.

Dated at Laval, Quebec, this 7th day of November, 2019.	
	Raymond Chabot Inc. Licensed Insolvency Trustee

District of: Quebec Division No: 06

Court No: 33-2580512 Estate No: 33-2580512

## FORM 78

## Statement of Affairs (Business Bankruptcy)

(Subsection 49(2) and Paragraph 158(d) of the Act)

In the matter of the Bankruptcy of 6188273 Canada Ltée o/a Kevin Rose Distributing corporation having done business at 43, rue des Dunes, in the city of Gatineau, province of Quebec, J8R 3P9.

Amended

#### To the Bankrupt:

You are required to carefully and accurately complete this Form and the applicable attachments, showing the state of your affairs on the date of your bankruptcy, on the 31st day of October, 2019. When completed, this Form and the applicable attached lists will constitute your Statement of Affairs and must be verified by oath or solemn declaration.

	LIABILITIES (As stated and estimated by Bankrupt)					
1.	Unsecured creditors as per list "A"	\$101,000.00				
2.	Secured creditors as per list "B"	\$66,000.00				
3.	Preferred creditors as per list "C"	\$0.00				
4.	Contingent, trust claims or other liabilities as per list "D"	\$0.00				
	estimated to be reclaimable for	\$0.00				
Tot	al Liabilities	\$167,000.00				
Sur	plus	\$0.00				

I,Kevin Rose, of 6188273 Canada Ltée and o/a Kevin Rose Distributing of the City of Gatineau in the Province of Quebec, do swear(or solemnly declare) that this statement and the attached lists are to the best of my knowledge a full, true and complete statement of its affairs on the 31st day of October, 2019 and fully disclose all property of every description that is in its possession or that may devolve on it in accordance with the Act.

SWORN (or SOLEMNLY DECLARED) before me at Gatineau in the Province of Quebec, on this 31st day of October, 2019

\_\_\_\_

Véronique Lalonde Commissioner of Oaths for the Province of Quebec Signature of Bankrupt

	ASSETS (As stated and estimated by Bankrupt)					
1.	Inventory	\$0.00				
2.	Trade fixtures, etc	\$0.00				
3.	Accounts receivable and other receivables, as per List "E"					
	Good	\$134,000.00				
	Doubtful	\$0.00				
	Bad	\$0.00				
	Estimated to produce	\$0.00				
4.	Bills of exchange, promissory note, etc., as per List "F"	\$0.00				
5.	Deposits in Financial Institutions	\$0.00				
6.	Cash	\$0.00				
7.	Livestock	\$0.00				
8.	Machinery, equipment and plant	\$0.00				
9.	Real property or immovable as per List "G"	\$0.00				
10.	Furniture	\$0.00				
11.	RRSPs, RRIFs, Life insurance, etc.	\$0.00				
12.	Securities (Shares, Bonds, Debentures, etc.)	\$0.00				
13.	Interests under wills	\$0.00				
14.	Vehicles	\$0.00				
15.	Other property, as per List "H"	\$0.00				
	If Bankrupt is a corporation, a	add:				
	Amount of subscribed capital					
	Amount paid on capital					
	Balance subscribed and unpaid					
	Estimated to produce					
Tota	al Assets	\$0.00				
Def	iciency	\$167,000.00				

# List "A" Unsecured Creditors

# 6188273 Canada Ltée and o/a Kevin Rose Distributing

No	Name of Creditor	Address	Amount of Claim
1	CIBC	c/o Techcom Managed Services Inc. 6-6150 HWY 7, PO Box 486, Woodbridge, Ontario, Canada, L4H 0R6	\$50,000.00
2	CIBC	c/o Techcom Managed Services Inc. 6-6150 HWY 7, PO Box 486, Woodbridge, Ontario, Canada, L4H 0R6	\$40,000.00
3	Pilon Romeo CPA	225 boul Saint-René Ouest, Gatineau, Quebec, Canada, J8P 2V5	\$11,000.00
		Total:	\$101,000.00

Bankrupt 31st day of October, 2019
Date
Page 2 of 9

# List "B" Secured Creditors

6188273 Canada Ltée and o/a Kevin Rose Distributing

No	Name and Address of Creditor Nature of Claim Particulars of Security	When Given	Amount of Claim	Estimated Value of Security	Estimated Surplus from Security	Balance of Claims Unsecured
1	Agence du Revenu du Canada (QC) 4695, boul. de Shawinigan-Sud Shawinigan, Quebec, G9P 5H9 REC - Recevable - vente des actis à 11432036 Canada Inc. (payments of \$1,487.67)	31 Oct 2019	\$6,000.00	\$0.00	\$0.00	\$6,000.00
2	Ministère du revenu du Québec (TPS) - Montréal, Quebec 3e étage, secteur R23DGR 1600, boul. René-Lévesque Ouest Montréal, Quebec, H3H 2V2 REC - Recevable - vente des actis à 11432036 Canada Inc. (payments of \$1,487.67)	31 Oct 2019	\$60,000.00	\$0.00	\$0.00	\$60,000.00
		Totals	\$66,000.00	\$0.00	\$0.00	\$66,000.00

Bankrupt \_\_\_\_\_ 31st day of October, 2019 \_\_\_\_\_ Date

# $\label{list} \mbox{List "C"} \\ \mbox{Preferred Creditors for Wages, Rent, etc.}$

No	Name of Creditor Address Occupation	Nature of Claim	Period During Which Claim Occured	Amount of Claim	Amount Payable in Full	Difference Ranking for Dividend

	31st day of October, 2019
Bankrupt	Date
	Page 4 of 9

# List "D" Contingent or Other Liabilities

No	Name of Creditor or Claimant, Address and Occupation	Amount of Liability or Claim	Amount expected to rank for dividend	Date when liability incurred	Nature of liability
	Total:				

	31st day of October, 2019
Bankrupt	Date
	Page 5 of 9

# List "E" Debts Due to the Bankrupt

# 6188273 Canada Ltée and o/a Kevin Rose Distributing

No	Name of Debtor Address Occupation	Nature of Debt Particulars of Security Folio Ledger for Particulars	Debt Good Doubtful Bad	When contracted	Estimated to produce
1	Vente des actifs 43 rue des Dunes Gatineau, Quebec, J8R 3P9	Recevable - vente des actis à 11432036 Canada Inc. (payments of \$1,487.67)	\$134,000.00 \$0.00 \$0.00		\$0.00
				Total:	\$0.00

Bankrupt 31st day of October, 2019
Date

# List "F"

# Bills of Exchange, Promissory Notes, Lien Notes, Chattel Mortgages, etc., Available as Assets

No	No Name of all promissory, acceptors, endorsers, mortgagors and guarantors, Address and Occupation		t of bill r etc. Date when due	Estimated to produce	Particular of any property held as security for payment of bill or note, etc.	
	Total:					

	31st day of October, 2019
Bankrupt	Date

# List "G"

# Real Property or Immovable Owned by Bankrupt

No	Description of property, Nature of Bankrupt's interest, In whose name does title stand	Total value	Particulars of mortgages, hypothecs, or othe	Favity or avenue	
			Name, Address	Amount	Equity or surplus
Total					

	31st day of October, 2019
Bankrupt	Date
	Page 8 of 9

# List "H" Property

No	Nature of Property	Location and Details of Property	Original Cost	Estimated to Produce
		Total:		

31st day of October, 2019



An affiliate of Raymond Chabot Grant Thornton LLP

## **Proof of Claim**

(Sections 50.1, 81.5, 81.6, Subsections 65.2(4), 81.2(1), 81.3(8), 81.4(8), 102(2), 124(2), 128(1), and Paragraphs 51(1)(e) and 66.14(b) of the Act)

In the Matter of the bankruptcy (Proposal/Notice of Intention/Receivership) of

6188273 Canada Ltée o/a Kevin Rose Distributing (33-2580512)

Creditor Name:  Creditor Address:		Telephone:
		Fax:
		Email:
l hereby	certify:	
1.	That I an	n a creditor of the above named estate (or I am (state position or title), of
	-	(name of creditor or representative of the creditor).
2.	That I ha	we knowledge of all the circumstances connected with the claim referred to below.
3.	intention creditor i deductin	debtor was, at the date of bankruptcy (or the date of the receivership, or in the case of a proposal, the date of the notice of or of the proposal, if no notice of intention was filed), namely the 6th day of November, 2019, and still is, indebted to the n the sum of \$, as specified in the statement of account (or affidavit) attached and marked Schedule "A", after g any counterclaims to which the debtor is entitled. (The attached statement of account or affidavit must specify the vouchers evidence in support of the claim.)
4.		UNSECURED CLAIM OF \$ (other than as a customer contemplated by Section 262 of the Act)  That in respect of this debt, I do not hold any assets of the debtor as security and  Regarding the amount of \$, I do not claim a right to a priority.  Regarding the amount of \$, I claim a right to a priority under section 136 of the Act. (Attach
	п	supporting documentation)  CLAIM OF LESSOR FOR DISCLAIMER OF A LEASE \$
		That I hereby make a claim under subsection 65.2(4) of the Act, particulars of which are as follows: (Give full particulars of
	п	the claim, including the calculations upon which the claim is based)  SECURED CLAIM OF \$
		That in respect of this debt, I hold assets of the debtor valued at \$ as security, particulars of which are as follows: (Give full particulars of the security, including the date on which the security was given and the value at which you assess the security, and attach a copy of the security documents.)
	п	CLAIM BY FARMER, FISHERMAN OR AQUACULTURIST OF \$  That I hereby make a claim under subsection 81.2(1) of the Act for the unpaid amount of \$  (Attach a copy of sales agreement and delivery receipts.)
	п	CLAIM BY WAGE EARNER OF \$  That I hereby make a claim under subsection 81.3(8) of the Act in the amount of \$,  That I hereby make a claim under subsection 81.4(8) of the Act in the amount of \$,
	п	CLAIM BY EMPLOYEE FOR UNPAID AMOUNT REGARDING PENSION PLAN OF \$

	s: of the se	A trustee may, pursuant to subsect curity as assessed, in a proof of section, proof, declaration or statement	ation 128(3) of the Act, redeem a curity, by the secured creditor. So	security on payment to		
Notes:	If an affi	davit is attached, it must have been				
Creditor			Witne	ess		
Dated at		(City) this	(day) of	(month),	(Year)	
7.	п	ble only in the case of the bankruptor. Whenever the trustee reviews the make payments under section 68 of fixed amount or of the fact that the I request that a copy of the report subsection 170(1) of the Act be se	financial situation of a bankrupt of the Act, I request to be inform are is no longer surplus income. filed by the trustee regarding the	ed, pursuant to paragra	ph 68(4) of the Act, of	the new
6.	That the following are the payments that I have received from, the credits that I have allowed to, and the transfers at undervalue within the meaning of subsection 2(1) of the Act that I have been privy to or a party to with the debtor within the three months (or, if the creditor and the debtor are related within the meaning of section 4 of the Act or were not dealing with each other at arm's length, within the 12 months) immediately before the date of the initial bankruptcy event within the meaning of subsection 2(1) of the Act: (Provide details of payments, credits and transfers at undervalue.)					
5.		pest of my knowledge, □ <i>I am</i> (or the on 4 of the Act, and have (or has) (or				e meaning
		That I hereby make a claim as a are as follows: (Give full particulars of the claim	, ,		.,	s of Wnich
	п	That I hereby make a claim und (Give full particulars of the claim CLAIM OF A CUSTOMER OF A E	n, including the calculations upor BANKRUPT SECURITIES FIRM	n which the claim is base  ### \$	ed )	o of which
	п	That I hereby make a clace CLAIM AGAINST DIRECTOR \$_against directors)	,	e Act in the amount of \$ I when a proposal provic	des for the compromise	e of claims

#### IN THE MATTER OF THE BANKRUPTCY / PROPOSAL / RECEIVERSHIP of

#### 6188273 Canada Ltée o/a Kevin Rose Distributing (Debtor) (33-2580512)

I,(Province) a creditor in t	(Name of Creditor), ofhe above matter, hereby appoint, to be my proxy holder in the above matter.		(City), in(Name of Pro	
appoint another proxy holder in his / her p		o. oop. uo to uio ioo	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Dated at(Month) ,	(City), in the Province of(Year)	, this	(day) of	
Individual Creditor	Witne	ess		
Name of Corporate Creditor Per				
Name and Title of Signing Officer	Witne	9SS		
	General Proxy Information			

The Bankruptcy and Insolvency Act permits a Proof of Claim to be made by a duly authorized agent of a creditor; however, this does not give such a person power to vote at the First Meeting of Creditors or to act as the proxy of the creditors.

#### **GENERAL**

- A creditor may vote either in person or by proxy.
- The Trustee may be appointed as a proxy for any creditor.
- A Corporation may vote by an authorized agent at a meeting of creditors.
- Debtors may not be appointed a proxy to vote at any meeting of their creditors.
- In order for a duly authorized person to have a right to vote, they must be a creditor themselves or be the holder of a properly executed proxy, showing the name of the creditor.

#### Directions to Completing a Proof of Claim Form

The checklist below is provided to assist in the preparation of a Proof of Claim (Form31) and if required a Proxy (form36). Every creditor who does not prove his claim is not entitled to share in any distribution. Claims not completed correctly in every respect will be returned.

#### **GENERAL**

- The signature of a witness is required.
- This document must be signed personally by the person completing the Proof of Claim.
- Give the complete address, including postal code, where any notice or correspondence is to be forwarded.
- The amount on the Statement of Account must correspond with the amount indicated on the Proof of Claim.

### PARAGRAPH I

- The creditor must state the full and complete legal name of the company or firm.
  - If the individual completing the Proof of Claim is not the creditor himself, he must state his position or title.

#### PARAGRAPH III

The Schedule A or Statement of Account must be complete and detailed, showing the date, number and amount of all invoices or charges, together with the date, number and amount of all creditors or payments. A Statement of Account is not complete if it begins with an amount brought forward.

#### PARAGRAPH IV

- Unsecured creditors must specify if they do or do not have a right to a priority. A schedule must be attached to support the priority claim. Details of Section 136 are available from the trustee upon request
- Secured creditors must attach a certified copy of the security documents to the proof of claim for each claim
- For claims arising from a realization of lease the creditor must provide full details of the claim including the relating calculations
- A claim by a farmer, fisherman or aqua culturist must attach a copy of the sales agreement and delivery documents.

#### PARAGRAPH V

• All claimants must indicate if they are / are not related to the debtor, as defined in Section 4 of the Bankruptcy and Insolvency Act, "If you are related by blood or marriage to the bankrupt, then you should consider yourself to be a related person pursuant to Section 4. If the bankrupt is a corporation, you would be considered to be related to it if you were a shareholder or if your company was controlled by the same shareholders as the bankrupt corporation."

#### PARAGRAPH VI

- All claimants must attach a detailed list of all payments or credits received or granted as follows:
- Within the three months preceding the bankruptcy / proposal, in the case where the claimant and debtor are not related;
- Within the twelve months preceding the bankruptcy / proposal, in the case where the claimant and debtor are related.

# FORM 1.1 General Sender Identification for: Copies of all Prescribed Forms Sent to Creditor(s) Electronically

Dated at Laval, Quebec, this 7th day of November, 2019.

Responsible Individual (Sender): Stanley Loiselle -

(Trustee/Administrator/Interim Receiver/Receiver: indicate which) Licensed Insolvency Trustee

Corporate Name (if applicable) : Raymond Chabot Inc.

Address: 4805, boul. Lapinière, bureau 3300

Brossard (Québec) J4Z 0G2

Telephone: 1 514 875-6633

Fax: 1 514 393-4791

E-mail: claim@rcgt.com

# **NOTICE**

Please be advised that the above-noted individual is required to retain the signed original of this document as part of the official records of this proceeding