



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 67717		2. Name of Corporation Pipe Pro, Inc.			City Hope Valley		State RI		Zip 02832		
3. Street Address Principal Business Office 873 Main Street					4. Business Phone No. 401 539-8264		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Business Conducted in Rhode Island Buying and selling of Industrial Materials											
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Jame E. Dolan					Vice President Name Doreen Dolan						
Street Address P. O. Box 366					Street Address P. O. Box 366						
City Hope Valley		State RI		Zip 02832		City Hope Valley		State RI		Zip 02832	
Secretary Name Doreen Dolan					Treasurer Name James E. Dolan						
Street Address P. O. Box 366					Street Address P. O. Box 366						
City Hope Valley		State RI		Zip 02832		City Hope Valley		State RI		Zip 02832	
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name James E. Dolan					Director Name Doreen Dolan						
Street Address P. O. Box 366					Street Address P. O. Box 366						
City Hope Valley		State RI		Zip 02832		City Hope Valley		State RI		Zip 02832	
Director Name					Director Name						
Street Address					Street Address						
City		State		Zip		City		State		Zip	
9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ☐ 10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐											
AUTHORIZED SHARES					ISSUED SHARES — THIS SECTION MUST BE COMPLETED						
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
600 No Par Value						301		common		no par	
THIS SECTION MUST BE COMPLETED											

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.

FILED

JAN 25 2008

File Date	By
Check No.	DS3081
By	
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.

James E. Dolan
Signature Date
James E. Dolan
Print or Type Name
President
Title