



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. 18743		2. Name of Corporation H.C. Woodmansee & Son, INC.			
3. Street Address Principal Business Office 49 Weybosset Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-421-1492		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Fuel, oil, gas, and heating equipment installation and services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Clifton O. Woodmansee			Vice President Name		
Street Address 1 Mechanic Street			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name Lynn M. Cahoon			Treasurer Name Lynn M. Cahoon		
Street Address 1 Mechanic Street			Street Address 1 Mechanic Street		
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	Common No Par Value		300	Common	None
200	Preferred \$100 Par Value		200	Preferred	\$100

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.

Clifton O. Woodmansee
Signature Date

Clifton O. Woodmansee

Print or Type Name

President

Title

File Date	FILED
Check No.	FEB 11 2008
By	By <i>2502</i>
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