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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.	2. Name of Corporation			
154226	Triple B Plumbing Inc.			
3. Street Address Principal Business Office		City	State	Zip
11 Bear Hill Rd		Seekonk	MA	02771
4. Business Phone No.	5. State of Incorporation			
508-399-5181	Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Robert C. Mancini	Robert C. Mancini
Street Address	Street Address
11 Bear Hill Rd	11 Bear Hill Rd
City / State / Zip	City / State / Zip
Seekonk / MA / 02771	Seekonk / MA / 02771
Secretary Name	Treasurer Name
Robert C. Mancini	Robert C. Mancini
Street Address	Street Address
11 Bear Hill Rd	11 Bear Hill Rd
City / State / Zip	City / State / Zip
Seekonk / MA / 02771	Seekonk / MA / 02771

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Robert C. Mancini	
Street Address	Street Address
11 Bear Hill Rd	
City / State / Zip	City / State / Zip
Seekonk / MA / 02771	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	No Par

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	Common	No Par

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.

[redacted] [redacted]

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.

Robert C. Mancini — 1-22-08
Signature *Date*

Robert C. Mancini
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. FEB 14 2008
By: By 1239
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20644-5-230643

Form 630 Rev. 12/06