



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. 153872		2. Name of Corporation SEEKONK SUPPLY, INC.			
3. Street Address: Principal Business Office 72 FALL RIVER AVENUE			City REHOBOTH	State MA	Zip 02769
4. Business Phone No. 508-336-6652		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE AND RETAIL DISTRIBUTION OF PLUMBING AND HEATING SUPPLIES TO COMMERCIAL AND INDUSTRIAL USERS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name MATTHEW J. QUIRK			Vice President Name		
Street Address 2 HONEYSUCKLE ROAD			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name JOANNE R. QUIRK			Treasurer Name MATTHEW J. QUIRK		
Street Address 2 HONEYSUCKLE ROAD			Street Address AS ABOVE		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name MATTHEW J. QUIRK			Director Name JOANNE R. QUIRK		
Street Address AS ABOVE			Street Address AS ABOVE		
City	State	Zip	City	State	Zip
Director Name F. THOMAS O'HALLORAN			Director Name		
Street Address 1 JACKSON WALKWAY			Street Address		
City PROVIDENCE	State RI	Zip 02903	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
500	COMMON	\$1.00 PAR VALUE	166	COMMON	NPV

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.

File Date: **FILED**
Check No.: **FEB 27 2008**
By: **15061**
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.

Signature: *Matthew J. Quirk* Date: **2/15/08**

MATTHEW J. QUIRK
Print or Type Name
PRESIDENT
Title