

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.

25423 ID No.		**************************************	EATING, INC.			
3. Street Address Principal Business Office 264 Roger Williams Avenue			Rumford	RI RI	<sup>Zip</sup> 02916	
4. Business Phone No. 5. State of Incorporation 01-435-8016			RHODE ISLAND			
6. Brief Description of the Charles O engage in 7. NAMES AND ADDR Theorem Engage Hagma	the busines	s of installa	tion and repair TACHMENT) THE INS	PACES BEFORE USING	and heating	
04 ARocky Hill Road			ுர்ச்சிauran Avenue			
Rëħoboth	SMA	<sup>Zip</sup> 02769	<sup>CO</sup> East Provid	lencë <sup>late</sup> RI	<sup>2ip</sup> 02914	
Secretary Name Glen E. Hagma	in		Treasurer Name Craig R. Fi	Treasurer Name Craig R. Finizia		
Street Address same as above			Street Address same as above			
City	State	Zip	City	State	Zip	
Slen E. Hagman  Street Address  same as above  City State Zip			Craig R. Finizia  Street Address  same as above  City State Zip			
Director Name	<u> </u>		Director Name		~ (l)	
Street Address			Street Address	Street Address		
Chy	State	Zip	Gity	State	2000	
9. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED  I ISSUED SHARES — THIS SEC	TION MUST BE COMPLETED		
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 no par value			1000	Common	B Pæ€	
			T-82-34V		\$	
This report must be exe	ecuted on behalf of the	e corporation by an autho corporation by the receiv	rized representative. If the cover or trustee.	orporation is in the hand	ls of a 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. File Date Signature Check No. Glen E. Hagman Print or Type Name By FOR SECRETARY OF STATE USE ONLY TulPresident

Date