

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR.

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(e&d)) is subject to a henalty fee of \$25.00.

law (R.I.G.L. 7-1.2-1501(c&d)) is	subject to a penalty fe	e of \$25.00.						
1. Corporate ID No. 122454	2. Name of Corporation PAUL'S WATER WORKS INC.							
3. Street Address Principal Business C 6 Circle Drive PO Box 10			City Slatersville	State RI	<i>гір</i> 02876			
4. Business Phone No. 401-769-5809		5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Repair and installation of w	ell pumps							
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	6.5v,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CES BEFORE USING ATT	ACHMENTS			
President Name			Vice President Name					
Paul E. Emmons			Paul E. Emmons					
Street Address 6 Circle Drive			Sireet Address 6 Circle Drive					
City	State	Zip	City	State	Zip			
Slatersville	RI	02876	Slatersville	RI	02876			
Secretary Name Paul E. Emmons	. 31		Treasurer Name Suzanne M. Emmons					
Street Address			Street Address					
6 Circle Drive			6 Circle Drive					
^{City} Slatersville	State RI	^{Ζip} 02876	Gity Slatersville	State RI	<i>Ζψ</i> 02876			
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SP	ACES BEFORE USING A	TTACHMENTS			
Director Name	REAL SING CONTROL OF BRIDE COOK		Director Name					
Paul E. Emmons					Ú.			
Street Address			Street Address		40			
6 Circle Drive								
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Slatersville	RI	02876	:					
Director Name			Director Name					
			Street Address					
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9. SHARES AUTHORIZED ("X" BOX FOR ATTAC	HMENT)	10. SHARES ISSUED ("	X" BOX FOR ATTACHM.	Mon Es Trial			
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100 Common No par value			100	Common	No Par Value			
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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.

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	d affirm that I have examined this report, as and statements, and that all statements
Signature	Date
Paul E. Emmons Print or Type Name	
President	
Title	

Form 630 Rev. 12/06