



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. 122454		2. Name of Corporation PAUL'S WATER WORKS INC.			
3. Street Address Principal Business Office 6 Circle Drive PO Box 1016			City Slatersville	State RI	Zip 02876
4. Business Phone No. 401-769-5809		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Repair and installation of well pumps					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul E. Emmons			Vice President Name Paul E. Emmons		
Street Address 6 Circle Drive			Street Address 6 Circle Drive		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
Secretary Name Paul E. Emmons			Treasurer Name Suzanne M. Emmons		
Street Address 6 Circle Drive			Street Address 6 Circle Drive		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul E. Emmons			Director Name		
Street Address 6 Circle Drive			Street Address		
City Slatersville	State RI	Zip 02876	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
100	Common	No par value	100	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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 29 2008
By	OS 3800
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: Paul E. Emmons Date: 2/15/08

Paul E. Emmons

Print or Type Name

President

Title