

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	<i>zi</i> р 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			Street 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								
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Director Name		4	Director Name										
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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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. , . , , ,	affirm that I have examined this report, s and statements, and that all statements
Signature	Date
Paul E. Emmons Print or Type Name	Ng-vg
President	
Title	:

Form 630 Rev. 12/06