



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. 133281		2. Name of Corporation E.M. CORBEIL, INC.	
3. Street Address Principal Business Office 95 WOONSOCKET HILL ROAD		City NORTH SMITHFIELD	State RI
		Zip 02896	
4. Business Phone No. 4017623191		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island CONTRACT AND SUBCONTRACT PLUMBING AND HEATING SYSTEM INSTALLATION AND REPAIR SERVICIES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MARC CORBEIL		Vice President Name ERIC CORBEIL	
Street Address 54 QUAKER STREET		Street Address 95 WOONSOCKET HILL ROAD	
City MILLVILLE	State MA	City NORTH SMITHFIELD	State RI
Zip 01529		Zip 02896	
Secretary Name MARC CORBEIL		Treasurer Name ERIC CORBEIL	
Street Address 54 QUAKER STREET		Street Address 95 WOONSOCKET HILL ROAD	
City MILLVILLE	State MA	City NORTH SMITHFIELD	State RI
Zip 01529		Zip 02896	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MARC CORBEIL		Director Name ERIC CORBEIL	
Street Address 54 QUAKER STREET		Street Address 95 WOONSOCKET HILL ROAD	
City MILLVILLE	State MA	City NORTH SMITHFIELD	State RI
Zip 01529		Zip 02896	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000	NO PAR VALUE		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
200	COMMON	NO PAR	

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.

FILED

File Date **MAR 05 2008**

Check No. **DS 3789**

By: _____

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 **Eric Corbeil** Date **3-2-08**

Print or Type Name **Vice President**

Title