



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. 55122		2. Name of Corporation LaFramboise Water Service, Inc.			
3. Street Address Principal Business Office PO Box 303, 647 Thompson Road			City Thompson	State CT	Zip 06277
4. Business Phone No. 860-923-9543		5. State of Incorporation Connecticut			
6. Brief Description of the Character of Business Conducted in Rhode Island Water treatment service and supplies					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul F. LaFramboise			Vice President Name Fred W. Kolling, III		
Street Address PO Box 303, 647 Thompson Road			Street Address PO Box 303, 647 Thompson Road		
City Thompson	State CT	Zip 06277	City Thompson	State CT	Zip 06277
Secretary Name Paul F. LaFramboise			Treasurer Name Paul F. LaFramboise		
Street Address PO Box 303, 647 Thompson Road			Street Address PO Box 303, 647 Thompson Road		
City Thompson	State CT	Zip 06277	City Thompson	State CT	Zip 06277
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul F. LaFramboise			Director Name		
Street Address PO Box 303, 647 Thompson Road			Street Address		
City Thompson	State CT	Zip 06277	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
1000		100.00	510	Common	\$100.00

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 28 2008
Check No.	
By:	By 2711 KM
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: Fred W. Kolling III Date: 3-10-2008
Print or Type Name: Vice President, CFO
Title: