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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 2009

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.	2. Name of Corporation
13082	Joseph C. Grimm Plumbing & Heating, Inc.

3. Street Address Principal Business Office	City	State	Zip
45 Hope Lane	Narragansett	Rhode Island	02882

4. Business Phone No.	5. State of Incorporation
401 789-0217	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To install and repair plumbing and heating

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Joseph C. Grimm	JoAnne S. Grimm
Street Address: 45 Hope Lane	Street Address: 45 Hope Lane
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: 02882
Secretary Name: Joseph C. Grimm	Treasurer Name: JoAnne S. Grimm
Street Address: 45 Hope Lane	Street Address: 45 Hope Lane
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: -02882

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Joseph C. Grimm	JoAnne S. Grimm
Street Address: 45 Hope Lane	Street Address: 45 Hope Lane
City: Narragansett, State: RI, Zip: 02882	City: Narragansett, State: RI, Zip: 02882
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	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.

[redacted] [redacted]

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.

Joseph C Grimm 1/7/2009
Signature *Date*

Joseph C. Grimm
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No.
JAN 13 2009
By: By
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29960-13-291115

Form 630 Rev. 08/08