



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.<br>58830                                                                                                                               |             | 2. Name of Corporation<br>Ace Plumbing & Heating, Inc. |                                                                     |                        |                     |
| 3. Street Address Principal Business Office<br>P.O. BOX 16273                                                                                              |             |                                                        | City<br>RUMFORD                                                     | State<br>RI            | Zip<br>02916        |
| 4. Business Phone No.<br>401-438-1764                                                                                                                      |             | 5. State of Incorporation<br>RHODE ISLAND              |                                                                     |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>PLUMBING AND HEATING                                                        |             |                                                        |                                                                     |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS               |             |                                                        |                                                                     |                        |                     |
| President Name<br>MICHAEL LEEP                                                                                                                             |             |                                                        | Vice President Name<br>MYRON LEEP                                   |                        |                     |
| Street Address<br>P.O. BOX 16273                                                                                                                           |             |                                                        | Street Address<br>P.O. BOX 16273                                    |                        |                     |
| City<br>RUMFORD                                                                                                                                            | State<br>RI | Zip<br>02916                                           | City<br>RUMFORD                                                     | State<br>RI            | Zip<br>02916        |
| Secretary Name<br>PAULA LEEP                                                                                                                               |             |                                                        | Treasurer Name<br>PAULA LEEP                                        |                        |                     |
| Street Address<br>P.O. BOX 16273                                                                                                                           |             |                                                        | Street Address<br>P.O. BOX 16273                                    |                        |                     |
| City<br>RUMFORD                                                                                                                                            | State<br>RI | Zip<br>02916                                           | City<br>RUMFORD                                                     | State<br>RI            | Zip<br>02916        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                        |                                                                     |                        |                     |
| Director Name<br>MICHAEL LEEP                                                                                                                              |             |                                                        | Director Name<br>PAULA LEEP                                         |                        |                     |
| Street Address<br>P.O. BOX 16273                                                                                                                           |             |                                                        | Street Address<br>P.O. BOX 16273                                    |                        |                     |
| City<br>RUMFORD                                                                                                                                            | State<br>RI | Zip<br>02916                                           | City<br>RUMFORD                                                     | State<br>RI            | Zip<br>02916        |
| Director Name                                                                                                                                              |             |                                                        | Director Name                                                       |                        |                     |
| Street Address                                                                                                                                             |             |                                                        | Street Address                                                      |                        |                     |
| City                                                                                                                                                       | State       | Zip                                                    | City                                                                | State                  | Zip                 |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                        | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                     |
| 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. |             |                                                        | ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED               |                        |                     |
|                                                                                                                                                            |             |                                                        | Number of Shares<br>100                                             | Class/Series<br>COMMON | Par Value<br>\$1.00 |

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.

|                                 |              |
|---------------------------------|--------------|
| File Date                       | <b>FILED</b> |
| Check No.                       | JAN 13 2009  |
| By:                             | 7639         |
| 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

MICHAEL LEEP

Print or Type Name

PRESIDENT

Title

Date

1-11-09

**EXHIBIT A**

ACE PLUMBING & HEATING, INC.  
Corp ID No.: 58830

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7. Names and Addresses of the Officers (cont.):

|                  |                     |                                                                                       |
|------------------|---------------------|---------------------------------------------------------------------------------------|
| Walter G.D. Reed | Assistant Secretary | c/o Edwards Angell Palmer & Dodge LLP<br>2800 Financial Plaza<br>Providence, RI 02903 |
|------------------|---------------------|---------------------------------------------------------------------------------------|

**FILED**

**JAN 13 2009**

By ID # 58830