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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			
69194	DIORIO PLUMBING + HEATING INC.			
3. Street Address Principal Business Office		City	State	Zip
39 TOWNSEND STREET		BARRINGTON	RI	02806
4. Business Phone No.	5. State of Incorporation			
401-245-2088	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				

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

President Name			*Vice President Name*		
DOUGLAS DIORIO			ANTHONY DIORIO		
Street Address			*Street Address*		
39 TOWNSEND ST			113 MAPLE AVE		
City	*State*	*Zip*	*City*	*State*	*Zip*
BARRINGTON	RI	02806	BARRINGTON	RI	02806
Secretary Name			*Treasurer Name*		
DOUGLAS DIORIO			DOUGLAS DIORIO		
Street Address			*Street Address*		
39 TOWNSEND ST			39 TOWNSEND ST		
City	*State*	*Zip*	*City*	*State*	*Zip*
BARRINGTON	RI	02806	BARRINGTON	RI	02806

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

Director Name			*Director Name*		
DOUGLAS DIORIO					
Street Address			*Street Address*		
39 TOWNSEND ST					
City	*State*	*Zip*	*City*	*State*	*Zip*
BARRINGTON	RI	02806			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

100 COMMON NO PAR

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

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~~.

Douglas DiOrio 1-8-09
Signature *Date*

DOUGLAS DIORIO
Print or Type Name

SECRETARY
Title

[redacted]

File Date FILED
Check No.
JAN 12 2009
By: 7218
By ~~FOR SECRETARY OF STATE~~ USE ONLY

Form 630 Rev. 08/08

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