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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			
70247	Crystal Plumbing and Heating, Inc.			
3. Street Address Principal Business Office		City	State	Zip
790 Charles Street, Unit 2		Providence	RI	02904
4. Business Phone No.	5. State of Incorporation			
401-353-0436	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Plumbing and heating installation, repair, sewer work, sprinklers, service.

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

President Name	Street Address	City	State	Zip
Antonio J. Marquez	790 Charles Street, Unit 2	Providence	RI	02904

Vice President Name	Street Address	City	State	Zip
Cheryl A. Marquez	790 Charles Street, Unit 2	Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Cheryl A. Marquez	790 Charles Street, Unit 2	Providence	RI	02904

Treasurer Name	Street Address	City	State	Zip
Antonio J. Marquez	790 Charles Street, Unit 2	Providence	RI	02904

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	No Par Value	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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.

Cheryl A. Marquez 1/8/09
Signature *Date*

Cheryl A. Marquez
Print or Type Name

[redacted] Vice President
Title

File Date 1-13-09
Check No. 0500
By: MNC

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Form 630 Rev. 12/06