

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(e&4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 9072		2. Name of Corporation JOHN B. McNULTY CO., INC.				
3. Street Address Principal Business Office 32 CURTIS STREET			EAST PROVIDENCE	State RI	<i>Σφ</i> 02914	
4. Business Phone No. (401) 434-8297		5. State of Incorporation RHODE ISLAN				
6. Brief Description of the Character of MECHANICAL CONTRACT		ı Rhode İsland				
7. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN SPACE	ES BEFORE USING A	ATTACHMENTS	
President Name			Vice President Nume			
KEVIN F. McNULTY			DENNIS E. McNULTY			
32 CURTIS STREET			Street Address 32 CURTIS STREET			
EAST PROVIDENCE	State RI	^Z 02914	EAST PROVIDENCE	State RI	02914	
Secretary Name JOAN K. McNULTY			Treasurer Name JOAN L. McNULTY			
Street Address 32 CURTIS STREET			Street Address 32 CURTIS STREET			
City EAST PROVIDENCE	State RI	^{Zip} 02914	EAST PROVIDENCE	State RI	^{Ζφ} 02914	
8. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR	A <i>TTACHMENT)</i> 🔲 FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Director Name NONE			Director Name			
Street Address	· · ·	-	Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATT	 TACHMENT)	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		IMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000	COMMON	NO PAR	100	COMMON	NO PAR	
	- Construction of the Cons		the state of the s			
This report must be executed			rized representative. If the corpor	ration is in the hands	of a receiver or trustee,	

File Date FILED	_
Check JAN 1 6 2009	_
By 7//8	_
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and st	
San AM Multy	1-8-09
Signature KEVIN F. McNULTY	Date
Print or Type Name	
PRESIDENT	
Title	

Form 630 Rev. 12/06