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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		
56487	T.A. Gardiner Plumbing, Inc.		
3. Street Address Principal Business Office	City	State	Zip
15 Gooding Ave. Unit 5	Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation		
(401) 253-3784	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island: Plumbing and Heating Installation and Repair

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

President Name	Vice President Name
Timothy A. Gardiner	Augustine Ferreira
Street Address: 27 Lisa Lane	Street Address: 1 Laurie Lane
City: Bristol State: RI Zip: 02809	City: Bristol State: RI Zip: 02809
Secretary Name: Timothy A. Gardiner	Treasurer Name: Timothy A. Gardiner
Street Address: 27 Lisa Lane	Street Address: 27 Lisa Lane
City: Bristol State: RI Zip: 02809	City: Bristol State: RI Zip: 02809

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

Director Name	Director Name
none	none
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED
8,000 Comm no par value

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
1,000	Common	no par value

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.

Signature — *Date* 1/26/09

Timothy A. Gardiner
Print or Type Name

[redacted] President
Title

File Date	1-30-09
Check No.	9068
By:	MMC

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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