

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

Filling Period: January 1 - March 1 • Filling 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&d)) is

1. Corporate ID No. 36095	Furance &	f Corporation e & Duct Supply Co., Inc.			
3. Street Address Principal Business Office 635 Elmwood Avenue			City Providence	State RI	<sup>Zф</sup> 02907
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the C sale of furnace and C	haracter of Business Conduction	ted in Rhode Island			
. NAMES AND ADDI	RESSES OF THE OFFI	CERS: ("X" BOX FOR ATT	A <i>chment</i> ) 🗍 fill in	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
John B. McEnery, Jr.			John B. McEnery, Jr.		
Street Address 407 Woodward Avneue			Street Address 407 Woodward Avenue		
city Seekonk	State MA	<sup>Zip</sup> 02771	City Seekonk	State MA	<sup>Ζφ</sup> 02771
Secretary Name John B. McEnery, Jr.			Treasurer Name John B. McEnery, Jr.		
Street Address 407 Woodward Avenue			Street Address 407 Woodward Avenue		
City Seekonk	State MA	<sup>Zip</sup> 02771	Gity Seekonk	State MA	<sup>Zip</sup> 02771
B. NAMES AND ADD	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL	IN SPACES BEFORE USIN	G ATTACHMENTS
Director Name John B. McEnery,	Jr.		Director Name		
Street Address			Street Address		
107 Woodward Ave	enue		<u> </u>		
City	State	Zip	Ctty	State	Zip
Seekonk	<u>J MA</u>	02771		<b>.</b>	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHOR	IZED		i 10. SHARES ISSUE	D ("X" BOX FOR ATTAC	HMENT) 🗌
			ISSUED SHARES — THIS	SECTION MUST BE COMPLETED	)
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.			Number of Shares	Class/Series	Par Value
			250	Common	No Par
		ne corporation by an authoriz		e corporation is in the hand	ls of a receiver or truste
this report must be ex	ecuted on behalf of th	e corporation by the receiver			
			including any ac	of perjury, I declare and affirm ecompany ing schedules and st	that I have examined this attements, and that all state
File Date	26-09		contained herein	n de truk and correct.	2/24/0
Check No.	4885		Signature   Lobo B. M.	cEnery Ir	Date /
By:	mne		John B. Me		
FOR SECRETAL	RY OF STATE USE ONLY		President		
LONGICALIA	a. Or GIALL OGD OHLI		Title		