

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(ec/rd)) is

subject to a penalty fee of \$25		s justing or rejusting to just us units	ar report annual many (00)		
1. Corporate ID No.	2. Name of Corporation		EIDEDLACE IN	r	
127756 3. Street Address Principal B		LD STOVE AND	City	State	Zip
110 Pheasa	**		Fast Greenw	ich RI	02818
4. Business Phone No.		5. State of Incorporation Rhode Is	l and		
6. Brief Description of the Cl	baracter of Business Conducted i			eplace and rela	ated
residentia	l heating dev	ices and all	activities l	awful within the spaces before using an	ne chapter.
	esses of the officer	S: ("X" BOX FOR ATTA	CHMENT) T FILL IN	SPACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Robert A. Flynn, Jr. Street Address			None Street Address		
110 Pheasa	nt Dr <u>ive</u>				
City	State	Zip	City	State	Zip
East. Gree	nwich RI	l 02818	Treasurer Name		.,.1,,
Robert A. Flynn, Jr.			None		
Street Address			Street Address		
	nt Drive	Zip	City	State	Zip
East Greenw		02818	• Guy	Sittle	المرابع المرابع
8. NAMES AND ADDI	RESSES OF THE DIRECTO	ORS: ("X" BOX FOR ATT		N SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Robert A. Flynn, Jr. Street Address			None Street Address		
110 Pheasa	nt Drive				
City	State	Zip	City	State	Zip
.EastGreenw	ich RI	02818	Director Name		
Director Name			Director frame		
Street Address			Street Address		
	I control	746	City	State	Zip
City	State	Zip	City	Situte	Z.ip
9. SHARES AUTHORI	i ZED	I	10. SHARES ISSUED) ("X" BOX FOR ATTACHM	(ENT)
			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
			100	One Class	NO Par Val.
moduction sheet.					
This report must be ex	recuted on behalf of the c	corporation by an authorize orporation by the receiver	ed representative. If the	corporation is in the hands of	of a receiver or trustee,
uns report must be ex	ecuted on behalf of the ec	orporation by the receiver	or trustee.		
			Under penalty of	perjury, I declare and affirm that	t I have examined this report
		-		companying schedules and state are true and correct.	ments, and that all statemen
File Date FILE	n		Contained techniq	A LI C	2-24-09
File Date	<u> </u>	-	Signature	7	Date .
Check NoMAR 0 2	2009	_ {	•	A. Flynn, Jr.	
1	040		Print or Type Nan	ne	
By: By		_	Presid	ent	
FOR SECRETAL	RY OF STATE USE ONLY		Title		Form 630 Rev. 08/08