



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. 153872		2. Name of Corporation SEEKONK SUPPLY, INC.			
3. Street Address Principal Business Office 72 FALL RIVER AVENUE			City REHOBOTH	State MA	Zip 02769
4. Business Phone No. 508-336-6652		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE AND RETAIL DISTRIBUTORS OF PLUMBING AND HEATING SUPPLIES TO COMMERCIAL AND INDUSTRIAL USERS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MATTHEW J. QUIRK			Vice President Name		
Street Address 2 HONEYSUCKLE ROAD			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name JOANNE R. QUIRK			Treasurer Name MATTHEW J. QUIRK		
Street Address 2 HONEYSUCKLE ROAD			Street Address 2 HONEYSUCKLE ROAD		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MATTHEW J. QUIRK			Director Name JOANNE R. QUIRK		
Street Address 2 HONEYSUCKLE ROAD			Street Address 2 HONEYSUCKLE ROAD		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Director Name F. THOMAS O'HALLORAN			Director Name		
Street Address 1 JACKSON WALKWAY			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	COMMON	\$1.00 PAR VALUE	166	COMMON	NPV

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.

**FILED**

File Date	MAR 02 2009
Check No.	By 19199
By:	
FOR SECRETARY OF STATE USE ONLY	

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: Matthew Quirk Date: 1/8/09  
Print or Type Name: Matthew Quirk  
Title: Pres.