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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
46575	JOE FALCONE, JR. PLUMBING & HEATING, INC.

3. Street Address Principal Business Office	City	State	Zip
3 Whipple Avenue	Westerly	RI	02891

4. Business Phone No.	5. State of Incorporation
401-596-1010	RHODE ISLAND

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

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

President Name	Street Address	City	State	Zip
Joseph R. Falcone, Jr.	3 Whipple Avenue	Westerly	RI	02891

Vice President Name	Street Address	City	State	Zip
Anthony F. Falcone	608 Main Street	Hopkinton	RI	02833

Secretary Name	Street Address	City	State	Zip
April C. Falcone	3 Whipple Avenue	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Joseph R. Falcone	3 Whipple Avenue	Westerly	RI	02891

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

Director Name	Street Address	City	State	Zip
Joseph R. Falcone, Jr.	3 Whipple Avenue	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Joseph R. Falcone	3 Whipple Avenue	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
April C. Falcone	3 Whipple Avenue	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
none				

9. SHARES AUTHORIZED

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
300 COMM 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.

[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.

Anthony F. Falcone — *Signature* — 3/4/09 — *Date*

~~Joseph R. Falcone, Jr.~~ ANTHONY F. FALCONE — *Print or Type Name*

[redacted] Vice President — *Title*

File Date FILED
Check No. MAR 05 2009
By: By 2437
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Form 630 Rev. 08/08