

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).

Corporate ID No. 55122	2. Name of Corpo LaFrambois	2. Name of Corporation LaFramboise Water Service, Inc.				
Street Address Principal Business Office PO Box 303, 647 Thompson Road			City Thompson	State CT	^{Ζip} 06277	
. Business Phone No. 5. State of Incorporation Connecticut						
Nater treatment servi						
r, NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Paul F. LaFramboise			CHMENT)	SPACES BEFORE USING	ATTACHMENTS	
Street Address PO Box 303, 647 Thompson Road			Street Address PO Box 303, 647 Thompson Road			
Thompson	State CT	^{2ip} 06277	City Thompson	State CT 06277	Zip	
Secretary Name Paul F. LaFramboise			Treasurer Name Paul F. LaFramboise			
Street Address PO Box 303, 647 Thompson Road			Street Address PO Box 303, 647 Thompson Road			
χη: Γhompson	State CT	^{Zip} 06277	City Thompson	State CT	7.40 06277	
i, NAMES AND ADDR Director Name Paul F. LaFrambois		CTORS: ("X" BOX FOR AT	ACHMENT) TELL I	N SPACES BEFORE USIN	G ATTACHMENTS	
Greet Address PO Box 303, 647 T	hompson Road		Street Address			
City:	State CT 06277	Zip	City	Sicite	Zip	
Thompson Director Name).01.00277		Director Name			
Street Address			Street Address			
CHy	State	Zip	CHy	State	Zψ	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This is 6	presently of record in the	e Office of the Secretary of	Number of Shares	Class/Series	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.			510	Common	\$100.00	
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File Date FILED	
Check No MAR 3 0 2009	_
By 509/	
FOR SECRETARY OF STATE USE ONLY	

Under negative of periury, I declare an	d affirm that I have examined this report,
including any accompanying schedul	es and statements, and that all statements
contained herein are true and correct	
Meffin	3-27-2009
Signature	Date
FRED W. KOU	LINA III
Print or Type Name	
<u>u</u> Ř	
Title	Form 630 Rev. 08/08