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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		
34005	Carbone Bros, Inc		
3. Street Address Principal Business Office	**City**	**State**	**Zip**
P.O. Box 20704	Cranston	RI	02920
4. Business Phone No.	**5. State of Incorporation**		
401-944-5180	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island: Plumbing & Heating Contractors

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

President Name: Michele Carbone			Vice President Name: Joseph Carbone		
Street Address: 167 Olney Arnold Rd.			Street Address: 167 Olney Arnold Rd.		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Michele Carbone			Treasurer Name: Joseph Carbone		
Street Address: As Above			Street Address: as above		
City	State	Zip	City	State	Zip

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

Director Name: Michele Carbone			Director Name: Joseph Carbone		
Street Address: As Above			Street Address: As above		
City	State	Zip	City	State	Zip
Director Name: Bernard Carbone			Director Name		
Street Address			Street Address		
City: Greenville	State: RI	Zip: 02828	City	State	Zip

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	no par value

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.

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: [signature] Date: 3/31/09

Print or Type Name: Michele Carbone

Title: President

File Date: FILED

Check No.: MAY 19 2009

By: 3715 + 3907

SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08