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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inoué, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 706858 2. Name of Corporation Superior Plumbing Inc.
3. Street Address Principal Business Office 169 Jefferson St City Dedham State MA Zip 02026
4. Business Phone No. 5. State of Incorporation Massachusetts 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Andrea Camiola Vice President Name John Kelley
Street Address 180 Westchester Rd Street Address 1072 Great Rocks
City Canton State MA Zip 02021 City Lincoln State RI Zip 02605
Secretary Name William Lane, Sr. Treasurer Name William Lane, Jr.
Street Address 169 Jefferson St Street Address 40 Vanbrunt Ave
City Dedham State MA Zip 02026 City Dedham State MA Zip 02026

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Andrea Camiola Director Name
Street Address 180 Westchester Rd Street Address
City Canton State MA Zip 02021 City State Zip
Director Name William Lane, Jr. Director Name
Street Address 40 Vanbrunt Ave Street Address
City Dedham State MA Zip 02026 City State Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) 11. SHARES ISSUED (X BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	\$.01	350	Common	\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date JUL 26 2002
Check No. 201-43-90-1-87
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 of Officer Andy Camiola Date 7-25-02
Print or Type Name of Officer president
Title of Officer President

Form G30 12/01