



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 2010

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. <u>53159</u>		2. Name of Corporation <u>Hawkes Plumbing + Heating, Inc.</u>	
3. Street Address Principal Business Office <u>48 Angel Road</u>		<u>Chepachet</u>	State <u>RI</u> Zip <u>02814</u>
4. Business Phone No. <u>401.568.3369</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Anthony I. Hawkes</u>		Vice President Name <u>N/A</u>	
Street Address <u>48 Angel Road</u>		Street Address	
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City
Secretary Name <u>N/A</u>		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED <u>1000 No par value</u>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ <u>none</u>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares	Class/Series
		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.

File Date	<u>1-05-2010</u>
Check No.	<u>7095</u>
By:	<u>MNC</u>
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 [Signature] Date 1/4/10
Print or Type Name Anthony Hawkes
Title owner