

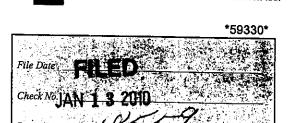
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

	TATULA COLLA	TON THE LEAN		
illing Period: January 1 - March 1 • F	iling Fee: \$50.00* THIS REP	ORT MUST BE TYPED C	R PRINTED LEGIBLY	IN BLACK INK
In accordance with R.I.G.L. 7-1.2-1501(e), ea	ich corporation failing or refusin	g to file its annual report withi	in thirty (30) days after the	Home transcouland has
aw (R.I.G.L. 7-1.2-1501(c&d)) is subject to a	penalty fee of \$25.00	g 5	m runsy (30) mays after the	ime prescribed by

uu (R.I.G.L. /-1.2-1501(CGu)) is subject to a penal	ty fee of \$25.00.	ing to file its annual report wi	inin thirty (30) days aft	ter the time prescribed by		
1. Corporate ID No. 59330		2. Name of Corporation GEORGE O. MARTIN & SON, INC.					
3. Street Address Principal Busines	ss Office		City	State	Zip		
81 Stillwater F	koad		Smithfield	RI	02917		
4. Business Phone No.		5. State of Incorporation			02317		
401-232-3002 RHODE ISLAND		1					
6. Brief Description of the Charact SALES AND SERVICE	er of Business Conducted OF COMMERCIAL	in Rhode Island AND INDUSTRIAL REFRIG	ERATION EQUIPMENT				
			A <i>OHMENIO</i> : TRILDIÑESE	ACES REKOTPLISING	Maria Will Write Head of the state of the st		
President Name			Vice President Name				
Carrie Beth Martin		Audrey T. Martin					
Street Address		<u></u> -	Street Address				
81 Stillwater Road			81 Stillwater Road				
City	State	Zip	City	State	Zip		
Smithfield	RI	02917	Smithfield	RI	02917		
Secretary Name	. 1	**********************	Treasurer Name		······		
Carrie Beth Martin			Audrey T. Martin				
Street Address			Street Address	•			
81 Stillwater Road			81 Stillwater Road				
City	State	Ζψ	City	State	Zip		
Smithfield	RI	02917	Smithfield	RI	1 02017		
Director Name N/A Street Address	and the second s		Director Name Street Address				
City	State	Zip	City	State	Zip		
Director Name		J	Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zψ		
9. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR AT	TACHMENT)	: 10 SHARES ISSUED ISSUED SHARES — THIS SECT	 	UMBNTO↓□		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE	common	no par value	-100-	camman	no par value		
			THIS SECT	ION MUST BE C	OMPLETED		
must be executed	ed on behalf of the c	orporation by the receiver	red representative. If the cort or trustee.	poration is in the hand	ls of a receiver or trustee,		



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.

Carrie Beth Martin

Print or Type Name

President

Title

Signature

Form 630 Rev 08/06