

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Providence, RI 02904-26

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation fixiling 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(e) day) is subject to a penalty fee of \$25.00.

3 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				•	1-12 1501(104))
1. Corporate ID No. 95988	2. Nume of Corporation C. J. NEMES, INC				
3. Street Address Principal Business Office 37 COREY STREET			City WOONSOCKET	State RI	Zip
4. Business Phone No. 401-769-4776			IN CONCOUNT !		02895
6. Brief Description of the Character PROVIDES PLUMBING SE	of Business Conducted in R	Phode Island			
7. NAMES AND ADDRESSES President Name CHARLES NEMES	OF THE OFFICERS:	("X" BOX FOR ATT	ACHMENT)	CES BEFORE USING	ATTACHMENTS
Street Address			MICHELLE NEMES Street Address		
30 HIDDEN MEADOW DR City State Zip			30 HIDDEN MEADOW DR		
CUMBERLAND Secretary Name	RI	02864	CUMBERLAND	State RI	<i>Zip</i> 02864
MICHELLE NEMES			Treasurer Name MICHELLE NEMES		
Street Address 30 HIDDEN MEADOW DR			Street Address 30 HIDDEN MEADOW DR		
CUMBERLAND	State RI	^{Zip} 02864	CUMBERI AND	State	<i>Zip</i> 02864
8. NAMES AND ADDRESSES Director Name CHARLES NEMES	OF THE DIRECTORS	: ("X" BOX FOR AT	TACHMENT) THIL IN SPA Director Name MICHELLE NEMES	ACES BEFORE USIN	G ATTACHMENTS
30 HIDDEN MEADOW DR			30 HIDDEN MEADOW DR		
CHAREDLAND	State	Zip	City	State	Zip
CUMBERLAND Director Name	J.RI	02864	CUMBERLAND Director Name	RI	02864
Street Address			Director Name		
- <u></u>			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	BOX FOR ATTACH MUST BE COMPLETED	 IMENT)
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.			Number of Shares	Class/Series	Par Value
			50	COMMON	NO PAR
This report must be executed on this report must be executed on the executed of the executed o	on behalf of the corpor n behalf of the corpor	ration by an authorize ation by the receiver of	d representative. If the corpor trustee.	ration is in the hands	of a receiver or trustee,
	•	-			

	Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem
File Date	contained herein are true and correct. We chille Memes 1
Check No. JAN 2 8 2010	Michille D. Namas
FOR SECRETARY OF STATE USE ONLY	Print or Type Name VICE-President Title

Form 630 Rev. 08/08