

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(e&d)) is subject to a penalty fee of \$25.00.

| 1. Corporate ID No.<br>18923   | 2. Name of Corporation REMY PLUMBING & HEATING, INC. |                             |   |                             |  |
|--|--|-----------------------------|---|-----------------------------|--|
| 3. Street Address Principal Business Office<br>133 Old Tower Hill Road, Ste. 1   |  | <sup>Cin</sup><br>Wakefield | State<br>RI   | <sup>Ζίρ</sup><br>02879     |  |
| 4. Business Phone No 789-0217 5. State of Incorporation Rhode Island   |  |                             |   |                             |  |
| 6. Brief Description of the Character of To carry on a general plumb   |  |                             |   |                             |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA-<br>President Name<br>Brian Remy   |  |                             | CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Janine Remy                     |                             |  |
| Street Address 8 Laurel Lane   |  |                             | Strong stildpass 8 Laurel Lane  |                             |  |
| City<br>Warren   | State<br>RI  | <sup>Zip</sup> 02885        | City<br>Warren  | State<br>RI                 | <sup>Ζip</sup><br>02885                                |
| Secretary Name<br>Janine Remy  |  |                             | Treasurer Name<br>Brian Remy  |                             |  |
| Street Address 8 Laurel Lane   |  |                             | Street Address<br>8 Laurel Lane   |                             |  |
| Warren   | State<br>RI  | <sup>Ζψ</sup> 02885         | City<br>Warren  | State<br>RI                 | <sup>Zip</sup> 02885                                   |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name  Brian Remy  |  |                             | ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Janine Remy                        |                             |  |
| Street Address 8 Laurel Lane   |  |                             | Street Address  8 Laurel Lane   |                             |  |
| City Warren Director Name  | State<br>RI  | 2ip<br>02885                | City Warren Director Name   | State<br>RI                 | Ziμ<br>02885   |
| Street Address   |  |                             | Street Address  |                             |  |
| City   | State  | Zip                         | City  | State                       | Zip  |
| 9. SHARES AUTHORIZED   |  |                             | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED              |                             |  |
| 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  |
|  |  |                             | 1,000   | Common                      | No Par   |
| This report must be executed this report must be executed or   |  |                             | or trustee.<br>Under penalty of pe  | rjury, I declare and affirm | that I have examined this repor                        |
| File Date 3 1 9 1 Check No. 159  | 010<br>73<br>14                                      |                             | including any according to the contained herein and signature  Brian Remy Print or Type Name  President |                             | atements, and that all statemen    Japan   Date   Date |
| FOR SECRETARY OF STATE USE ONLY  |  |                             | Title   |                             | Form 630 Rev 08/08                                     |