

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

401.222.30

Filling Period: January 1 - March 1 • Filling 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 a smaller for 5025 00. subject to a penalty fee of \$25.00.

1. Corporate ID No. 161958	2. Name of Corporation HOULE PLUMBING INC.				
Street Address Principal Business Office     POMFRET WAY			GREENE	State RI	<i>Zър</i> 02827
4. Business Phone No. 401-724-1755  5. State of Incorporation			•		
6. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL AND COMMERCIAL PLUMBING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  President Name  Vice President Name					
ALBERT N HOULE			DEBORA A HOULE		
Street Address 1 POMFRET WAY			Street Address 1 POMFRET WAY		
GREENE	State RI	<i>Σφ</i> 02827	City GREENE	State RI	<sup>Ζφ</sup> 02827
Secretary Name ALBERT N HOULE			Treasurer Name DEBORA A HOULE		
Street Address 1 POMFRET WAY			Street Address 1 POMFRET WAY		
GREENE	State RI	<sup>Ζφ</sup> 02827	GREENE	State RI	<sup>Zip</sup> 02827
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT) Director Name NONE			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
City	State	Zip	City	State •	Zip
Director Name			Director Name		
Street Address			Street Address		
Ctry	State	Zip	Ctty	State	Zíp
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			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			2000	COMMON	.01
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.					
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			Under penalty of perju	ury, I declare and affirm th	nat I have examined this report,
including any accompanying schedules and statements, and that all statement contained herein are true and correct.					
			Melar T. Signature	Horle	2-25-10 Date
Check NMAR 0 1 2010		ALBERT HOULE			
FOR SECRETARY OF STATE	E USE ONLY		PRESIDENT		
		<del></del>	Title		Form 630 Rev 08/08