



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.<br>118420                                                                                                                                                                                |             | 2. Name of Corporation<br>Phillips Plumbing and Mechanical, Inc. |                                                                     |              |                           |
| 3. Street Address Principal Business Office<br>313 Warwick Avenue                                                                                                                                            |             |                                                                  | City<br>Cranston                                                    | State<br>RI  | Zip<br>02905              |
| 4. Business Phone No.<br>(401) 781-4228                                                                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island                        |                                                                     |              |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To carry out a general plumbing, heating and contracting business in all its branches, residential, commercial and industrial |             |                                                                  |                                                                     |              |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                            |             |                                                                  |                                                                     |              |                           |
| President Name<br>John Phillips                                                                                                                                                                              |             |                                                                  | Vice President Name                                                 |              |                           |
| Street Address<br>21 Aumond Street                                                                                                                                                                           |             |                                                                  | Street Address                                                      |              |                           |
| City<br>Cranston                                                                                                                                                                                             | State<br>RI | Zip<br>02905                                                     | City                                                                | State        | Zip                       |
| Secretary Name<br>John Phillips                                                                                                                                                                              |             |                                                                  | Treasurer Name<br>John Phillips                                     |              |                           |
| Street Address<br>21 Aumond Street                                                                                                                                                                           |             |                                                                  | Street Address<br>21 Aumond Street                                  |              |                           |
| City<br>Cranston                                                                                                                                                                                             | State<br>RI | Zip<br>02905                                                     | City<br>Cranston                                                    | State<br>RI  | Zip<br>02905              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                           |             |                                                                  |                                                                     |              |                           |
| Director Name                                                                                                                                                                                                |             |                                                                  | Director Name                                                       |              |                           |
| Street Address                                                                                                                                                                                               |             |                                                                  | Street Address                                                      |              |                           |
| City                                                                                                                                                                                                         | State       | Zip                                                              | City                                                                | State        | Zip                       |
| Director Name                                                                                                                                                                                                |             |                                                                  | Director Name                                                       |              |                           |
| Street Address                                                                                                                                                                                               |             |                                                                  | Street Address                                                      |              |                           |
| City                                                                                                                                                                                                         | State       | Zip                                                              | City                                                                | State        | Zip                       |
| 9. SHARES AUTHORIZED                                                                                                                                                                                         |             |                                                                  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                           |
| 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<br>100                                             | Class/Series | Par Value<br>no 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                       | 3-5-2010   |
| Check No.                       | 6582       |
| By:                             | <i>mnc</i> |
| 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.

*John Phillips* 1/7/10  
Signature Date  
John Phillips  
Print or Type Name  
President  
Title