

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 2011

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(ccd)) is subject to a penalty fee of \$25.00.

1 Corporate ID No. 95988	2. Name of Corporation C. J. NEMES, INC				
3. Street Address Principal Business Office 37 COREY STREET			WOONSOCKET	State RI	Ζίρ 02895
4. Business Phone No 401-769-4776 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character PROVIDES PLUMBING SE	of Business Conducted in R RVICES	bode Island			,
7: NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name CHARLES NEMES			Vice President Name MICHELLE NEMES		
Street Address 30 HIDDEN MEADOW DR			Street Address 30 HIDDEN MEADOW DR		
CUMBERLAND	State RI	^{Zip} 02864	City: CUMBERLAND	State RI	^{Zip} 02864
Secretary Name MICHELLE NEMES			Treasurer Name MICHELLE NEMES		
Street Address 30 HIDDEN MEADOW DR			Street Address 30 HIDDEN MEADOW DR		
CUMBERLAND	State RI	71p 02864	City CUMBERLAND	State RI	2ip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name CHARLES NEMES Street Address			Director Name MICHELLE NEMES		
30 HIDDEN MEADOW DR			Street Address 30 HIDDEN MEADOW DR		
City CUMBERLAND Director Name	State RI	<i>zıp</i> 02864	CUMBERLAND Director Name	State RI	Zφ 02864
Street Address			Street Address		
CUy	State	Zip	Cig	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
			50	COMMON	NO PAR
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorize ration by the receiver o	or trustee. Under penalty of perj	ury, I declare and affirm th	nat I have examined this report,
File Date Check No. FEB 2 4 1 By: BY 646	2011 D		including any accomponing contained herein are to the signature Signature Print or Type Name	panying schedules and stat	ements, and that all statements A
FOR SECRETARY OF STA	TE USE ONLY		Title	sident	Form 630 Rev. 08/08