

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(cerd)) is subject to a penalty fee of \$25.00. 2. Name of Corporation 1. Corporate ID No. R.E. BARRY PUMPS, Inc. 2014 City 3. Street Address Principal Business Office 02920 RI Cranston 415 Atwood Avenue 5. State of Incorporation 4. Business Phone No. RHODE ISLAND (401) 942.5300 6. Brief Description of the Character of Business Conducted in Rhode Island BUYING, SELLING AND DISTRIBUTING PUMPS, PIPES AND RELATED ACCESSORIES 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Robert E. Barry Robert E. Barry Street Address Street Address 82 Stillwater Road 82 Stillwater Road State 2.1() City Ζip State 02917 RI Smithfield 02917 RI Smithfield reasurer Name Secretary Name Robert E. Barry Robert E. Barry Street Address Street Address 82 Stillwater Road 82 Stillwater Road Zip State City Zip State 02917 RI Smithfield 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Robert E. Barry Street Address Street Address 82 Stillwater Road Zip State ZipState 02917 Smithfield RΙ Director Name Director Name Street Address Street Address ZipState City ZipState City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Par Value Class/Series Number of Charac This information is contently of record in the Office of the Conetary of State. Changes require an additional filing. See Section 9 of NO PAR VALUE COM 200 instruction sheet.

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	FILED
Check No.	FEB 2 8 2011
<i>By:</i> 1	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained herein and rue and correct.	that I have examined this report, atements, and that all statements
V Casum	<u> </u>
Signature	Date / 1
Robert E. Barry	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08