

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, Rt 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 7-1.2-150).

1. Corporate ID No. 46575	2. Name of a JOE FAI	2. Name of Corporation JOE FALCONE, JR. PLUMBING & HEATING, INC.				
3 Whipple Avenue			Giy Westerly	State	Ζψ	
4. Business Phone No. (401) 596-1010 6. Brief Description of the Character of Business Conducted in Rhode Island Plumbing and Hooting Purious Conducted in Rhode Island				02891		
 Brief Description of the C Plumbing and Heatir 	baracter of Business Con ng Business	ducted in Rhode Island				
Joseph R. Falcone	RESSES OF THE OF	FICERS: ("X" BOX FOR ATT	Vice President Name Anthony F. Falcone	SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 3 Whipple Avenue City			Street Address 608 Main Street			
Westerly Secretary Name	RI RI	^{火炉} 02891	Cuy Hopkinton	State RI	Уір 02833	
April C. Falcone			Treasurer Name Joseph R. Falcone			
3 Whipple Avenue			Street Address 3 Whipple Avenue			
Westerly	State RI	02891	City Westerly	State RI	<i>Хір</i> 02891	
Joseph R. Falcone, Street Address	Jr.	ECTORS: ("X" BOX FOR AI	TACHMENT) FILL IN Director Name Joseph R. Falcone Street Address	SPACES BEFORE USI	NG ATTACHMENTS	
3 Whipple Avenue	Control		3 Whipple Avenue			
Westerly Director Name	RI State	Zip 02891	City: Westerly	State RI	Ζίρ 02891	
April C. Falcone			Director Name None			
irea Address 3 Whipple Avenue			Street Address			
Westerly	State RI	^{Zip} 02891	СЦу	State	Zip	
SHARES AUTHORIZ			10. SHARES ISSUED (ISSUED SHARES — THIS SECT	 "X" BOX FOR ATTAC. ION MUST BE COMPLETED	HMENT)	
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	
			300 COMM NPV	Common	NPV	
	<u> </u>					
his report must be executive report must be executed by the report must b	cuted on behalf of the	ne corporation by an authorize corporation by the receiver of	d representative. If the cor or trustee.	poration is in the hand	I s of a receiver or trus	

File Date	FILED
Check No.	FEB 2 8 2011
By: 	2769
FOR	SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm th including any accompanying schedules and state contained herein are true and correct.	at I have examined this repo ements, and that all statemer
Jarl R Falene	2/24/11
Joseph R. Falcone	Date
Print or Type Name TRE ASUKER Title	
The	Form 630 Rev. 08/08