



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 2012

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. <u>151094</u>		2. Name of Corporation <u>BUTLER PROPERTY SERVICES INC.</u>			
3. Street Address <u>700 Douglas Avenue</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02908</u>
4. Business Phone No.			5. State of Incorporation		
6. Brief Description of the Corporation <u>Plumbing and heating</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Heather Butler</u>			Vice President Name		
Street Address <u>63 Hilltop Ave</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Secretary Name <u>Daniel J. McCarthy</u>			Treasurer Name		
Street Address <u>73 Tauro Street</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
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	Class/Series	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.

FILED

JAN 09 2012

BY

160155
RS

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.

Signature

Heather Butler

Date

1-9-12

Print or Type Name

Title

File Date _____
Check No. _____
By: _____

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