



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. 484660		2. Name of Corporation ANTIQUE STOVE HOSPITAL INC.			
3. Street Address Principal Business Office 469 LONG HIGHWAY			City LITTLE COMPTON	State RI	Zip 02837
4. Business Phone No. 401-635-4896		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island STOVE REPAIRS AND SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EMERY G. PINEO III			Vice President Name		
Street Address 469 LONG HIGHWAY			Street Address		
City LITTLE COMPTON	State RI	Zip 02837	City	State	Zip
Secretary Name EMERY G. PINEO III			Treasurer Name EMERY G. PINEO III		
Street Address 469 LONG HIGHWAY			Street Address 469 LONG HIGHWAY		
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
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 2000	Class/Series Common	Par Value No Par Value
			SEE SECTION 9 OF INSTRUCTIONS		

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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 258

JAN 23 2012

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.

File Date _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

BY

02

Signature

Date

EMERY G. PINEO III

Print or Type Name

PRESIDENT

Title