



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. 15966 | | 2. Name of Corporation Haven Plumbing & Heating Co., Inc. | | | |
| 3. Street Address Principal Business Office 2 Urquhart Street | | | City Cranston | State RI | Zip 02920 |
| 4. Business Phone No. 401-942-5520 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, Heating and Sewer Work | | | | | |
| 7. CORPORATE OFFICERS AND DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT 1) <input type="checkbox"/> OR ALL INDIVIDUALS WHOSE NAMES ARE LISTED ON THE REPORT (SEE INSTRUCTIONS FOR ATTACHMENT 2) <input type="checkbox"/> | | | | | |
| President Name Anthony A. D'Arezzo | | | Vice President Name Paul A. D'Arezzo | | |
| Street Address 29 North Olney Street | | | Street Address 2 Urquhart Street | | |
| City Johnston | State RI | Zip 02919 | City Cranston | State RI | Zip 02920 |
| Secretary Name Anthony A. D'Arezzo | | | Treasurer Name Anthony A. D'Arezzo | | |
| Street Address 29 North Olney Street | | | Street Address 29 North Olney Street | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State RI | Zip 02919 |
| 8. MAJOR ADDRESSEES OF THE CORPORATION (SEE INSTRUCTIONS FOR ATTACHMENT 3) <input type="checkbox"/> OR ALL INDIVIDUALS WHOSE NAMES ARE LISTED ON THE REPORT (SEE INSTRUCTIONS FOR ATTACHMENT 4) <input type="checkbox"/> | | | | | |
| 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 ISSUED (SEE INSTRUCTIONS FOR ATTACHMENT 5) <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 |
| | | | 100 | Common | No Par Value |
| | | | THIS SECTION MUST BE COMPLETED | | |

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.

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.

Anthony A. D'Arezzo 1-23-12
Signature Date

Anthony A. D'Arezzo
Print or Type Name

President
Title

President