



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 02904-261  
401.222.304

**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. 561723		2. Name of Corporation Frank Lill & Son, Inc.	
3. Street Address Principal Business Office 656 Basket Road		City Webster	State NY
		Zip 14580	
4. Business Phone No. 585-265-0490		5. State of Incorporation New York	
5. Brief Description of the Character of Business Conducted in Rhode Island mechanical contractor			

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Charles G. Lill			Vice President Name Richard A. Chard		
Street Address 1744 W. Bloomfield Rd			Street Address 326 Parrish Road		
City Honeoye Falls	State NY	Zip 14472	City Honeoye Falls	State NY	Zip 14472
Secretary Name Patricia Lill			Treasurer Name Tim Moon		
Street Address 786 Oakridge Dr.			Street Address 1286 Barge View Dr		
City Rochester	State NY	Zip 14617	City Chittenango	State NY	Zip 13037

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name None			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**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
2500	PWP	\$360/each
1000	CNP	0

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**

File Date FEB 06 2012

Check No. \_\_\_\_\_

By: 55675

FOR SECRETARY OF STATE USE ONLY

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.

Tim Moon 1/25/2012  
Signature Date

Tim Moon  
Print or Type Name

CFO

Title