

1. Corporate ID No. 161958

4. Business Phone No.

401-724-1755

3. Street Address Principal Business Office
1 POMFRET WAY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

02827

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2. Name of Corporation HOULE PLUMBING, INC

2012 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

5. State of Incorporation

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation fulling 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(e&d)) is subject to a penalty fee of \$25.00.

GREENE

President Name	DRESSES OF THE OFFIC	CERS: ("X" BOX FOR ATTA		PACES BEFORE USING	ATTACHMENTS
ALBERT N. HOULE			Vice President Name DEBORA A. HOULE		
Street Address 1 POMFRET WAY			Street Address 1 POMFRET WAY		
City GREENE	State RI	^{Zip} 02827	GREENE	State RI	Ζίρ 0 2827
Secretary Name ALBERT N. HOULE			Treasurer Name DEBORA A. HOULE		
1 POMFRET WAY			Street Address 1 POMFRET WAY		
GREENE	State RI	02827	GREENE	State RI	^{Zip} 02827
3. NAMES AND ADI	PRESSES OF THE DIREC	CTORS: ("X" BOX FOR ATT	TACHMENT) TELL IN Director Name	SPACES BEFORE USING	G ATTACHMENTS
Street Address			Street Address		
СПу	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сіцу	State	Zip
). SHARES AUTHOR	IZED	. '		 <i>("X" BOX FOR ATTACE</i> TION <u>MUST</u> BE COMPLETED	IMENT)
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
			2000	COMMON	.01
				·	
This report must be earlier than the care that the care th	executed on behalf of the executed on behalf of the	e corporation by an authorize corporation by the receiver of	or trustee.		
	FILED		Under penalty of pe including any accor contained herein or	rjury. I declare and affirm the open state of the state o	nat I have examined this reptements, and that all statem
File Date	EB 27 2012		Mel	eron n	oul 2-2
Check No	mnc	2	Signature ALBERT N. H	HOULE	Date
FOR SECRETARY OF STATE USE ONLY			Print or Type Name		
			PRESIDENT	•	
FOR SECRETA	KT OF STATE USE UNLT		Title		