



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000119413		2. Exact name of the Corporation HARRY GRODSKY & CO., INC.			
3. Principal office address 33 SHAWS LANE			City SPRINGFIELD	State MA	Zip 01104
4. Business Phone No. 413-785-1947		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island MECHANICAL CONTRACTOR(PLUMBING, HVAC)					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RONALD D. GRODSKY			Vice-President Name SCOTT M. GRODSKY		
Street Address 267 ARDSLEY ROAD			Street Address 534 PINEWOOD DRIVE		
City LONGMEADOW	State MA	Zip 01106	City LONGMEADOW	State MA	Zip 01106
Secretary Name JEFFREY A. GRODSKY			Treasurer Name SCOTT M. GRODSKY		
Street Address 90 PENDLETON LANE			Street Address 534 PINEWOOD DRIVE		
City LONGMEADOW	State MA	Zip 01106	City LONGMEADOW	State MA	Zip 01106
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RONALD D. GRODSKY			Director Name SCOTT M. GRODSKY		
Street Address 267 ARDSLEY ROAD			Street Address 534 PINEWOOD DRIVE		
City LONGMEADOW	State MA	Zip 01106	City LONGMEADOW	State MA	Zip 01106
Director Name JEFFREY A. GRODSKY			Director Name ROBERT AGNOLI		
Street Address 90 PENDLETON LANE			Street Address 127 GREEN TREE LANE		
City LONGMEADOW	State MA	Zip 01106	City SOMERS	State CT	Zip 06071
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			3546	COMMON	NO PAR

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 27 2012**
 Check No **15040**
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.

[Signature] **2/23/12**
 Signature of Authorized Representative Date

SCOTT M. GRODSKY

Print or Type Name of Authorized Representative