



**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. <b>94843</b>		2. Exact name of the Corporation <b>R.E. Coogan Heating, Inc.</b>								
3. Principal office address <b>125 Drum Rock Ave</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>					
4. Business Phone No. <b>401-255-3671</b>			5. State of Incorporation <b>Rhode Island</b>							
6. Brief description of the character of business conducted in Rhode Island <b>Plumbing, Heating and Air Conditioning Contractor</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>Robert E. Coogan Jr.</b>			Vice-President Name <b>Robert E. Coogan Jr.</b>							
Street Address <b>125 Drum Rock Ave</b>			Street Address <b>125 Drum Rock Ave</b>							
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>					
Secretary Name <b>Robert E. Coogan Jr.</b>			Treasurer Name <b>Robert E. Coogan Jr.</b>							
Street Address <b>125 Drum Rock Ave</b>			Street Address <b>125 Drum Rock Ave</b>							
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>ROBERT S BRIN JR.</b>			Director Name <b>MARYBEL COOGAN</b>							
Street Address <b>76 HOPE ST.</b>			Street Address <b>125 DRUM ROCK AVE</b>							
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>					
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						100	Common	No Par Value		

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.

File Date \_\_\_\_\_

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

By: \_\_\_\_\_

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.

*Robert E. Coogan Jr.* **02/09/2012**  
 Signature of Authorized Representative Date

**Robert E. Coogan Jr.**  
 Print or Type Name of Authorized Representative

**FILED**  
 MAR 05 2012  
 By 165410

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 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV