



**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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>572004</b>		2. Exact name of the limited liability company <b>Piping Concepts Inc.</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>plumbing</b>			
5. Principal office address <b>728 Valley Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF PERSON TO WHOM ALL CORRESPONDENCE SHOULD BE SENT					
Contact Name <b>D. Joseph D'Amico, Esq.</b>		Contact Title <b>Attorney</b>			
Street Address <b>728 Valley Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
7. LIST ALL MANAGERS, NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE, DO NOT LIST MEMBERS. (EX: BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>None</b>		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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BY 104274

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.

Talia Raimone  
Signature of Authorized Person

11-28-12  
Date

TALIA RAIMONE  
Print or Type Name of Authorized Person