



**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>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON</b>					
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>	
<b>7. LIST ALL MANAGERS, NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY (APPLICABLE TO NOT-BUS MEMBERS) (EX BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 NOV 28 2012  
 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 11-28-12  
 Signature of Authorized Person Date

TALIA RAIMONE  
 Print or Type Name of Authorized Person