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 2011

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.	2. Exact name of the Corporation		
29805	Precision Well & Pumps Systems, INC		
3. Principal office address: 171 Old Mt Trail	City: Richmond	State: RI	Zip: 02898
4. Business Phone No.: 401-539-0029	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: Install wells, water pumps, water Treatment			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Dawn Miller	171 Old Mtn Tr.	Richmond	RI	02898

Vice-President Name	Street Address	City	State	Zip
Darin Miller	171 Old Mtn Tr.	Richmond	RI	02898

Secretary Name	Street Address	City	State	Zip
Darin Miller	Same as Above			

Treasurer Name	Street Address	City	State	Zip
DAWN Miller	Same as Above			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	2000	Stk	.01

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.

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By:

FILED
DEC 13 2012
185429
9.50

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.

12-13-12
Signature of Authorized Representative — Date

DARIN Miller
Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 DEC 13 AM 9:56

Form No. 630
Revised: 01/2012
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