



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>101524</b>	2. Name of Corporation <b>J. ZARRELLA PLUMBING AND HEATING CO., INC.</b>
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3. Street Address Principal Business Office <b>31 Libera Street</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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4. Business Phone No. <b>401-944-9991</b>	5. State of Incorporation <b>RHODE ISLAND</b>
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6. Brief Description of the Character of Business Conducted in Rhode Island  
**INSTALLATION OF ALL PLUMBING, HEATING AND AIR CONDITIONING SYSTEMS.**

**7. NAMES AND ADDRESSES OF THE OFFICERS**

President Name <b>Joseph V. Zarrella</b>	Vice President Name <b>Joseph V. Zarrella</b>
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Street Address <b>31 Libera Street</b>	Street Address <b>31 Libera Street</b>
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City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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Secretary Name <b>Joseph V. Zarrella</b>	Treasurer Name <b>Joseph V. Zarrella</b>
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Street Address <b>31 Libera Street</b>	Street Address <b>31 Libera Street</b>
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City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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**8. NAMES AND ADDRESSES OF THE DIRECTORS**

Director Name <b>N/A</b>	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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**9. SHARES AUTHORIZED**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE common	no par value	-100-	common	no par value
			<b>THIS SECTION MUST BE COMPLETED</b>		

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**  
JAN 08 2013

\*101524\*

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.

*Signature* Joseph V. Zarrella *Date* 1/2/13  
**Joseph V. Zarrella**  
*Print or Type Name*  
**President**  
*Title*