



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 2013

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. 14719		2. Exact name of the Corporation The Stovepipe Fireplace Shop, Inc.			
3. Principal office address 654 Warwick Avenue		City Warwick	State RI	Zip 02888	
4. Business Phone No. 401-941-9333		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sale of fireplace supplies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name William Labell			Vice-President Name Carol Labell		
Street Address 654 Warwick Avenue			Street Address 654 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Carol Labell			Treasurer Name William Labell		
Street Address 654 Warwick Avenue			Street Address 654 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name William Labell			Director Name Carol Labell		
Street Address 654 Warwick Avenue			Street Address 654 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instructions sheet.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par	

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

FILED

FEB 28 2013

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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 of Authorized Representative

William Labell

Print or Type Name of Authorized Representative

Date

2/25/2013