



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 2010

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. <u>13331</u>		2. Exact name of the Corporation <u>United Plumbing & Heating Supply Co., Inc.</u>	
3. Principal office address <u>10 Ivy Garden</u>		City <u>East Greenwich</u>	State <u>RI</u>
4. Business Phone No. <u>908-412-0725</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>own real estate</u>			
President Name <u>Steven Kantor</u>		Vice-President Name <u>None</u>	
Street Address <u>457 West End Ave</u>		Street Address <u>None</u>	
City <u>N. Plainfield</u>	State <u>NJ</u>	City <u>None</u>	State <u>None</u>
Zip <u>07061</u>		Zip <u>None</u>	
Secretary Name <u>Len Campagna</u>		Treasurer Name <u>None</u>	
Street Address <u>457 West End Ave</u>		Street Address <u>None</u>	
City <u>N. Plainfield</u>	State <u>NJ</u>	City <u>None</u>	State <u>None</u>
Zip <u>07061</u>		Zip <u>None</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>Steven Kantor</u>		Director Name <u>None</u>	
Street Address <u>457 West End Ave</u>		Street Address <u>None</u>	
City <u>N. Plainfield</u>	State <u>NJ</u>	City <u>None</u>	State <u>None</u>
Zip <u>07061</u>		Zip <u>None</u>	
Director Name <u>Len Campagna</u>		Director Name <u>None</u>	
Street Address <u>457 West End Ave</u>		Street Address <u>None</u>	
City <u>N. Plainfield</u>	State <u>NJ</u>	City <u>None</u>	State <u>None</u>
Zip <u>07061</u>		Zip <u>None</u>	
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 instruction sheet.			
NUMBER OF SHARES <u>500</u>		CLASS/SERIES <u>Class A common</u>	PAR VALUE <u>\$500.-</u>

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

Form No. 630
Revised: 01/2012

FILED

JUL 26 2013

By 49-202552

A.A. 10:09 A.M.

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

Date

Print or Type Name of Authorized Representative