

## 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

## 2010 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

Filing Period: January 1 - March 1 · This report must be type Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY M			LTY FEE.
1. Entity ID No. 2. Exact name of the Corporation			
13331 Unifed Plumbina	Heating Heating	na Supply	Co., Inc.
1	City	State	Zip
10 Ivy Garden	5. State of Incorporation	ich   T	62818
4. Business Phone No. 908 - 412 - 0725	5. State of incorporation	2-+	a o
6. Brief description of the character of business conducted in Rhode Island	<u> </u>	127	
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	Section of the Nation Property of the The Section of Section 2		
President Name Steven Cantor	Vice-President Name	۸۱ .	<b>2</b> 295
Street Address	Street Address	(1000	
457 West End Ave			D: O
City State Zip	City	State	Zip G TH
M. Plainfield MJ 07061			
Secretary Name	Treasurer Name	to 1	
Len Campagna	Street Address	None	
Street Address 457 West End Ave	Street Address	•	
City 1. Plainfied State 15 07061	City	State	Zip
B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR			
Director Name Steven Kantas	Director Name	Mars.	
Street Address	Street Address		·
45+ West End Ave			
City Plantie of State XT 67001	City	State	Zip
		1	
Director Name	Director Name		
	Director Name	Nove	
Director Name  Len Campagina  Street Address	Director Name Street Address	Nove	
Director Name Len Campagina Street Address 457 West End Ave		Nove	Zip
Director Name  Len Campagina  Street Address  457 West Fud Ave.  City 61 01: 5 11 State (** Zip 7 0.00)	Street Address City		
Director Name  Len Campagina  Street Address  457 West Fud Ave  City Manufield State  State  7061  9. SHARES AUTHORIZED	Street Address City	State	
Director Name  Len Campagina  Street Address  457 West Fud Ave  City Manufield State Zip  457061  9. SHARES AUTHORIZED  This information is currently of record in the Office of the Secretary	Street Address  City  10. SWARES ISSUED  NUMBER OF SHARES	State  ("X" BOX FOR ATTACHI  CLASS/SERIES	PAR VALUE
Director Name  Len Campagina  Street Address  457 West Fud Ave  City Manufield State  State  7061  9. SHARES AUTHORIZED	Street Address City 16 SHARES ISSUED	State ("X" BOX FOR ATTACHE	PAR VALUE
Director Name  Len Campagina  Street Address  Street Address  City Campagina  City Campagina  City Campagina  City Campagina  Street Address  State City Campagina  City Campagina  Street Address  State City Campagina  Street Address  State City Campagina  City Campagina  State City City City City City City City City	Street Address  City  10. SVANES ISSUED  NUMBER OF SHARES	State  ("X" BOX FOR ATTACHE  CLASS/SERIES  CLASS/SERIES	PAR VALUE

		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement		
Check No	FILED	and that all statements contained herein ar	re true and correct.	
. <b>By</b>	JUL 26 2013	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY Form No. 630	PH4-90000	Print or Type Name of Authorized Representa	ative	
Revised: 01/2012	A.A. 10:091	A·M.		