



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 2014

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. 84736		2. Exact name of the Corporation FIVE STAR, INC.			
3. Principal office address 261 John Potter Road		City West Greenwich		State RI	Zip 02817
4. Business Phone No. 401-392-3349		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To do plumbing, water, gas and steam fitting of all kinds, deal in heating, cooling, ventilating, water supply, lighting, and sewage disposal.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Eileen Dunford			Vice-President Name James Dunford		
Street Address 261 John Potter Road			Street Address 261 John Potter Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Eileen Dunford			Treasurer Name James Dunford		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

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 17 2014

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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.

Eileen Dunford
Signature of Authorized Representative

1/14/14
Date

Eileen Dunford

Print or Type Name of Authorized Representative

File Date

Check No

By

BY

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