



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

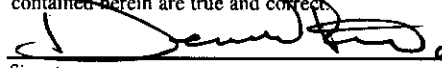
1. Corporate ID No. 118672		2. Name of Corporation S & M Appliance Service Corporation			
3. Street Address Principal Business Office 6 Lark Industrial Parkway			City Greenville	State RI	Zip 02828
4. Business Phone No. (401) 949-3390		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION, INSTALLATION AND SERVICING OF GAS OPERATED APPLIANCES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis N. Boutin			Vice President Name NONE		
Street Address 64 Clifton Street			Street Address		
City North Attleboro	State MA	Zip 02763	City	State	Zip
Secretary Name Dennis N. Boutin			Treasurer Name Dennis N. Boutin		
Street Address 64 Clifton Street			Street Address 64 Clifton Street		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis N. Boutin			Director Name NONE		
Street Address 64 Clifton Street			Street Address		
City North Attleboro	State MA	Zip 02763	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	COMM NO PAR VALUE		100	Common	No Par Value

2014 FEB 14 PM 1:33
 SECRETARY OF STATE
 CORPORATIONS DIV

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	FILED ✓
Check No.	FEB 14 2014
By:	on 2/7/14
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 _____ Date 2/4/14
 Dennis N. Boutin
 Print or Type Name
 President
 Title