



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. 127040		2. Exact name of the Corporation BARLOW'S PLUMBING AND WELL SYSTEMS, INC.								
3. Principal office address 248 WILLIAM HENRY ROAD		City NORTH SCITUATE	State RI	Zip 02857						
4. Business Phone No. 401-647-5902		5. State of Incorporation RHODE ISLAND								
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PLUMBING, HEATING AND WELL INSTALLATION										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name MARY BETH BARLOW			Vice-President Name DAVID BARLOW							
Street Address 248 WILLIAM HENRY ROAD			Street Address 248 WILLIAM HENRY ROAD							
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857					
Secretary Name DAVID BARLOW			Treasurer Name MARY BETH BARLOW							
Street Address 248 WILLIAM HENRY ROAD			Street Address 248 WILLIAM HENRY ROAD							
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name			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) <input type="checkbox"/>							
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		
						250	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.

FILED

MAR 10 2014

File Date _____

Check No _____

By: _____

3520

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.

Mary Beth Barlow
 Signature of Authorized Representative

3/2/14
 Date

FOR SECRETARY OF STATE USE ONLY

MARY BETH BARLOW, PRESIDENT

Print or Type Name of Authorized Representative