



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. <b>127040</b>		2. Exact name of the Corporation <b>BARLOW'S PLUMBING AND WELL SYSTEMS, INC.</b>								
3. Principal office address <b>248 WILLIAM HENRY ROAD</b>		City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>						
4. Business Phone No. <b>401-647-5902</b>		5. State of Incorporation <b>RHODE ISLAND</b>								
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF PLUMBING, HEATING AND WELL INSTALLATION</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>MARY BETH BARLOW</b>			Vice-President Name <b>DAVID BARLOW</b>							
Street Address <b>248 WILLIAM HENRY ROAD</b>			Street Address <b>248 WILLIAM HENRY ROAD</b>							
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>					
Secretary Name <b>DAVID BARLOW</b>			Treasurer Name <b>MARY BETH BARLOW</b>							
Street Address <b>248 WILLIAM HENRY ROAD</b>			Street Address <b>248 WILLIAM HENRY ROAD</b>							
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>					
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* **3/2/14**  
 Signature of Authorized Representative Date

**MARY BETH BARLOW, PRESIDENT**

Print or Type Name of Authorized Representative

**FOR SECRETARY OF STATE USE ONLY**