



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. 18743		2. Exact name of the Corporation Woodmansee Holding Company, Inc.			
3. Principal office address 1 Mechanics Street		City Hope Valley		State RI	Zip 02832
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Fuel, oil, gas and heating equipment installations.					
President Name Clifton O. Woodmansee					
Vice-President Name					
Street Address 1 Mechanics Street					
City Hope Valley		State RI	Zip 02832		
Secretary Name Clifton O. Woodmansee					
Treasurer Name Clifton O. Woodmansee					
Street Address 1 Mechanics Street					
City Hope Valley		State RI	Zip 02832		
Director Name					
Street Address					
City		State	Zip		
Director Name					
Street Address					
City		State	Zip		
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 100		CLASS/SERIES CNP		PAR VALUE 0.00	

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 25 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.

Signature of Authorized Representative

Date

Clifton O. Woodmansee

Print or Type Name of Authorized Representative