



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 **2015**

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. 88775		2. Exact name of the Corporation EASTERN PLUMBING COMPANY		
3. Principal office address 395 Exeter Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-3969		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Plumbing & heaing				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Russell T. Des Granges, Jr.		Vice-President Name Russell T. Des Granges, Jr.		
Street Address 395 Exeter Rd.		Street Address 395 Exeter Rd.		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Secretary Name Russell T. Des Granges, Jr.		Treasurer Name Russell T. Des Granges, Jr.		
Street Address 395 Exeter Rd.		Street Address 395 Exeter Rd.		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Russell T. Des Granges, Jr.		Director Name		
Street Address 395 Exeter Rd.		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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	None
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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 _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
JAN 20 2015

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]
 Signature of Authorized Representative _____ Date **1-20-15**
Russell T. Des Granges, Jr.

Print or Type Name of Authorized Representative

BY 3843