



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. 67717		2. Exact name of the Corporation Pipe Pro, Inc.			
3. Principal office address 873 Main Street		City Hope Valley		State RI	Zip 02832
4. Business Phone No. 401 539-8364		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Buying and selling industrial materials					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James E. Dolan		Vice-President Name			
Street Address P. O. Box 366		Street Address			
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name Doreen Dolan		Treasurer Name Doreen Dolan			
Street Address P. O. Box 366		Street Address P. O. Box 366			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James E. Dolan		Director Name Doreen Dolan			
Street Address P. O. Box 366		Street Address P. O. Box 366			
City Hope Valey	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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 on 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
			301	common	no par value

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: _____

FILED

FOR SECRETARY OF STATE USE ONLY

MAR 05 2015

Form No. 630
Revised: 01/2012

BY 10543

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.

James E. Dolan 2/27/15
Signature of Authorized Representative Date

James E. Dolan

Print or Type Name of Authorized Representative