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.	2. Exact name of the Corporation		
000015650	NEW ENGLAND UNION CO INC		
3. Principal office address: 107 HAY STREET	City: WEST WARWICK	State: RI	Zip: 02893
4. Business Phone No.: 401-821-0800	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: MANUFACTURE OF PLUMBING SUPPLIES			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: GLEN S PETIT	Vice-President Name: BRIAN L. PETIT
Street Address: 85 CINDYANN DRIVE	Street Address: 412 SEASIDE DR.
City: EAST GREENWICH State: RI Zip: 02818	City: JAMESTOWN State: RI Zip: 02835
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: GLEN S PETIT	Director Name:
Street Address: 85 CINDYANN DR	Street Address:
City: EAST GREENWICH State: RI Zip: 02818	City: State: Zip:
Director Name: BRIAN L PETIT	Director Name:
Street Address: 412 SEASIDE DR	Street Address:
City: JAMESTOWN State: RI Zip: 02835	City: State: Zip:

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0	CAP	0

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.

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: 9/24/15

GLEN S PETIT
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

FILED
OCT 08 2015
BY 44495

Form No. 630
Revised: 01/2012