



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 2016

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. 161958		2. Exact name of the Corporation HOULE PLUMBING, INC.			
3. Principal office address 1 POMFRET WAY		City GREENE	State RI	Zip 02827	
4. Business Phone No. 401-724-1755		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL AND COMMERCIAL PLUMBING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ALBERT N HOULE			Vice-President Name DEBORA A HOULE		
Street Address 1 POMFRET WAY			Street Address 1 POMFRET WARY		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
Secretary Name ALBERT N HOULE			Treasurer Name DEBORA A HOULE		
Street Address 1 POMFRET WAY			Street Address 1 POMFRET WAY		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
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
			2000	COMMON	.01

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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 26 2016

BY

146505

Signature of Authorized Representative

ALBERT N HOULE, PRESIDENT

Print or Type Name of Authorized Representative

Date

2-24-16