



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

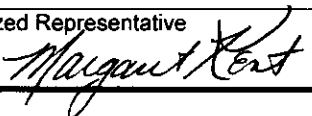
Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 57409		2. Exact name of the Corporation Double Ender Plumbing Inc			
3. Principal Office Address 1519 Beacon Hill Road		City Block Island	State RI	Zip 02807	
4. Business Phone Number 401 466 2849		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Plumbing					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald Thimble		Vice-President Name Margaret Kent			
Street Address 1519 Beacon Hill P.O. Box 947		Street Address 1519 Beacon Hill P.O.Box 947			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald Thimble		Director Name Margaret Kent			
Street Address 1519 Beacon Hill P.O.Box 947		Street Address 1519 Beacon Hill P.O.Box 947			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 600		CLASS/SERIES one	PAR VALUE none
11. 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.					
Name of Authorized Representative Mragaret Kent				Date July 14. 2016	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUL 18 2016

By 10786
ID