



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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		one	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
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