



State of Rhode Island and Providence Plantations  
**Department of State – Business Services Division**

**ANNUAL REPORT FOR THE YEAR** 2017  
**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. Corporate ID No. <b>825625</b>		2. Name of Corporation <b>Piping Systems, Inc.</b>			
3. Street Address Principal Business Office <b>32 Mill Street</b>			City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>
4. NAICS Code <b>23</b>		5. State of Incorporation <b>Massachusetts</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>commercial and industrial piping contractor</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Pauline L. Lally</b>			Vice President Name <b>Michael Moreira</b>		
Street Address <b>32 Mill Street</b>			Street Address <b>32 Mill Street</b>		
City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>	City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>
Secretary Name <b>William Paul</b>			Treasurer Name <b>Pauline L. Lally</b>		
Street Address <b>32 Mill Street</b>			Street Address <b>32 Mill Street</b>		
City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>	City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Pauline L. Lally</b>			Director Name <b>Pierrette A. Lemieux</b>		
Street Address <b>32 Mill Street</b>			Street Address <b>32 Mill Street</b>		
City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>	City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>
Director Name <b>William Paul</b>			Director Name		
Street Address <b>32 Mill Street</b>			Street Address		
City <b>Assonet</b>	State <b>MA</b>	Zip <b>02702</b>	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES - THIS SECTION <b>MUST</b> BE COMPLETED					
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	

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.

*Pauline L. Lally*  
 Signature

*2-6-17*  
 Date

**FILED**

**Pauline L. Lally**  
 Print or Type Name

**President**  
 Title

**FEB 13 2017**

BY *005396*

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