



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

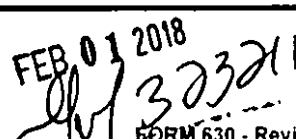
→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATION
2018 FEB 11 AM 11:25

1. Entity ID Number 122454		2. Exact name of the Corporation PAUL'S WATER WORKS. INC.			
3. Principal Office Address 6 CIRCLE DRIVE		City SLATERSVILLE		State RI	Zip 02876
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island REPAIR AND INSTALLATION OF WELL PUMPS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PAUL E. EMMONS			Vice-President Name PAUL E. EMMONS		
Street Address 6 CIRCLE DRIVE			Street Address 6 CIRCLE DRIVE		
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
Secretary Name PAUL E. EMMONS			Treasurer Name SUZANNE M. EMMONS		
Street Address 6 CIRCLE DRIVE			Street Address 6 CIRCLE DRIVE		
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PAUL E. EMMONS			Director Name		
Street Address 6 CIRCLE DRIVE			Street Address		
City SLATERSVILLE	State RI	Zip 02876	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR	
Changes require an additional filing.					
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 PAUL E. EMMONS, PRESIDENT					Date 1/24/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE PRESIDENT

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
FEB 01 2018
BY  323211
FORM 630 - Revised: 10/2017