



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

**Annual Report for the year: 2019**  
**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  
 CORPORATIONS DIV

2019 FEB 11 AM 8:37

1. Entity ID Number <b>000484660</b>		2. Exact name of the Corporation <b>Antique Stove Hospital, Inc.</b>			
3. Principal Office Address <b>469 Long Highway</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
4. NAICS Code <b>333510</b>	6. Brief description of the character of business conducted in Rhode Island <b>Stove Repairs and Sales</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Emery G. Pineo III</b>			Vice-President Name <b>Brandon E. Pineo</b>		
Street Address <b>469 Long Highway</b>			Street Address <b>469 Long Highway</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
Secretary Name <b>Emery G. Pineo III</b>			Treasurer Name <b>Emery G. Pineo III</b>		
Street Address <b>469 Long Highway</b>			Street Address <b>469 Long Highway</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			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.					
Name of Authorized Representative <b>Emery G. Pineo III</b>					Date <b>1/8/2019</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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**

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FORM 630 - Revised: 10/2017

BY 62/25