


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

**FILED**  
 FEB 21 2020  
 008794

STAMP

**ANNUAL REPORT FOR THE YEAR 2020**  
**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. 825625		2. Name of Corporation Piping Systems, Inc.			
3. Street Address Principal Business Office 32 Mill Street			City Assonet	State MA	Zip 02702
4. NAICS Code 238220		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island commercial and industrial piping contractor					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pauline L. Lally			Vice President Name Michael Moreira		
Street Address 32 Mill Street			Street Address 32 Mill Street		
City Assonet	State MA	Zip 02702	City Assonet	State MA	Zip 02702
Secretary Name William Paul			Treasurer Name Pauline L. Lally		
Street Address 32 Mill Street			Street Address 32 Mill Street		
City Assonet	State MA	Zip 02702	City Assonet	State MA	Zip 02702
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Pauline L. Lally			Director Name Pierrette A. Lemieux		
Street Address 32 Mill Street			Street Address 32 Mill Street		
City Assonet	State MA	Zip 02702	City Assonet	State MA	Zip 02702
Director Name William Paul			Director Name		
Street Address 32 Mill Street			Street Address		
City Assonet	State MA	Zip 02702	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.			ISSUED SHARES - THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			0		0

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.

Signature Pauline L. Lally, Pres

Date 2-6-20

Print or Type Name Pauline L. Lally

Title President