| State of Rhode Island Fee: \$50.00   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Office of the Secretary of State   |  |  |  |  |  |  |
| Division Of Business Services  |  |  |  |  |  |  |
| 148 W. River Street<br>Providence RI 02904-2615  |  |  |  |  |  |  |
| 1636 (401) 222-3040  |  |  |  |  |  |  |
| Business Corporation   |  |  |  |  |  |  |
| Annual Report<br>Filing Period: February 1 - May 1   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law                             |  |  |  |  |  |  |
| (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.   |  |  |  |  |  |  |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024   |  |  |  |  |  |  |
| 1. Corporate ID No. 001761551  |  |  |  |  |  |  |
| 2. Name of Corporation <u>O'Brien Supply, Inc.</u>   |  |  |  |  |  |  |
| 3. Street Address Principal Business Office:   |  |  |  |  |  |  |
| No. and Street: 719 CRANSTON ST.   |  |  |  |  |  |  |
| City or Town: <b>PROVIDENCE</b> State: <b>RI</b> Zip: <u>02907</u> Country: <u>US</u>  |  |  |  |  |  |  |
| 4. Business Phone No.  |  |  |  |  |  |  |
| <u>401-272-7163</u>  |  |  |  |  |  |  |
| 5. State of Incorporation  |  |  |  |  |  |  |
| State: <u>RI</u>   |  |  |  |  |  |  |
| NAICS CODE   |  |  |  |  |  |  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |  |  |  |  |  |  |
| <u>423720</u>  |  |  |  |  |  |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| PLUMBING & HEATING SUPPLY COMPANY  |  |  |  |  |  |  |
| 7. Names and Addresses of the Officers and Directors:  |  |  |  |  |  |  |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.                                      |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Title        | Individual Name<br>First, Middle, Last, Suffix |   |  |
|--------------|--|---|--|
| TREASURER    | MARK L O'BRIEN                                 | 719 CRANSTON ST<br>PROVIDENCE, RI 02907 US      |  |
| INCORPORATOR | MARK O'BRIEN                                   | 719 CRANSTON STREET<br>PROVIDENCE, MA 02907 USA |  |
| INCORPORATOR | CARMEN MARIE O'BRIEN                           | 719 CRANSTON STREET<br>PROVIDENCE, RI 02907 USA |  |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per |                            | Total Issued<br>and |
|----------------|-----------------|---------------|----------------------------|---------------------|
|                |                 | Share         | Total Authorized           | Outstanding         |
|                |                 |               | Shares<br>Number of Shares | Num of<br>Shares    |
| CNP            |                 | \$0.0000      | 5,000.00                   | 0                   |

9. 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.

**Signed this 26 Day of January, 2024 at 8:51:01 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By CARMEN OBRIEN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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