



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 14719		2. Exact name of the Corporation The Stovepipe Fireplace Shop, Inc.		
3. Principal office address 654 Warwick Avenue		City Warwick	State RI	Zip 02888
4. Business Phone No. 401-941-9333		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Sale of fireplace supplies				

LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT

President Name William Labell			Vice-President Name Carol Labell		
Street Address 654 Warwick Avenue			Street Address 654 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State	Zip
Secretary Name Carol Labell			Treasurer Name William Labell		
Street Address 654 Warwick Avenue			Street Address 654 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888

LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT

Director Name William Labell			Director Name Carol Labell		
Street Address 654 Warwick Avenue			Street Address 654 Warwick Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

SHARES AUTHORIZED **SHARES ISSUED (X) BOX FOR ATTACHMENT**

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
	100	Common	No Par

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.

BY William Labell Date 3/7/17
 Signature of Authorized Representative
William Labell
 Print or Type Name of Authorized Representative