



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904 2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2007

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

|  |                    |  |                    |                     |   |                  |              |           |  |
|--|--------------------|--|--------------------|---------------------|---|------------------|--------------|-----------|--|
| 1. Corporate ID No.<br><u>000045220</u>  |                    | 2. Name of Corporation<br><u>Schwegler &amp; Sons Plumbing &amp; Heating Inc</u> |                    |                     |   |                  |              |           |  |
| 3. Street Address: Principal Business Office<br><u>22 Bruce Dr.</u>  |                    | City<br><u>No Smithfield</u>   | State<br><u>RI</u> | Zip<br><u>02896</u> |   |                  |              |           |  |
| 4. Business Phone No.<br><u>401-766-5750</u>   |                    | 5. State of Incorporation<br><u>R.I.</u>   |                    |                     |   |                  |              |           |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>Plumbing &amp; Heating Sub contractor</u>        |                    |  |                    |                     |   |                  |              |           |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |  |                    |                     |   |                  |              |           |  |
| President Name<br><u>William J Schwegler</u>   |                    | Vice President Name  |                    |                     |   |                  |              |           |  |
| Street Address<br><u>22 Bruce Dr</u>   |                    | Street Address   |                    |                     |   |                  |              |           |  |
| City<br><u>No Smithfield</u>   | State<br><u>RI</u> | Zip<br><u>02896</u>  | City               | State               |   |                  |              |           |  |
| Secretary Name   |                    | Treasurer Name   |                    |                     |   |                  |              |           |  |
| Street Address   |                    | Street Address   |                    |                     |   |                  |              |           |  |
| City   | State              | Zip  | City               | State               |   |                  |              |           |  |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |  |                    |                     |   |                  |              |           |  |
| Director Name<br><u>William J Schwegler</u>  |                    | Director Name  |                    |                     |   |                  |              |           |  |
| Street Address<br><u>22 Bruce Dr</u>   |                    | Street Address   |                    |                     |   |                  |              |           |  |
| City<br><u>No Smithfield</u>   | State<br><u>RI</u> | Zip<br><u>02896</u>  | City               | State               |   |                  |              |           |  |
| Director Name  |                    | Director Name  |                    |                     |   |                  |              |           |  |
| Street Address   |                    | Street Address   |                    |                     |   |                  |              |           |  |
| City   | State              | Zip  | City               | State               |   |                  |              |           |  |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |                    |                     | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                  |              |           |  |
| AUTHORIZED SHARES  |                    |  |                    |                     | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED               |                  |              |           |  |
| Number of Shares   | Class/Series       | Par Value  | Number of Shares   | Class/Series        | Par Value   | Number of Shares | Class/Series | Par Value |  |
| <u>100 No Par Value</u>  |                    |  | <u>1</u>           | <u>No</u>           | <u>No</u>   |                  |              |           |  |

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.

|                                 |                       |
|---------------------------------|-----------------------|
| <b>FILED</b>                    |                       |
| File Date                       | <u>SEP 20 2007</u>    |
| Check No.                       | <u>By 057294 9/10</u> |
| By:                             |                       |
| FOR SECRETARY OF STATE USE ONLY |                       |

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 William J Schwegler Date 9/20/07  
Print or Type Name William J Schwegler  
Title President