

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

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

101.222.3040

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 benalty fee of \$25.00

1. Corporate ID No.								
90526	2. Name of Corporation D&J Plumbing & Heating, Inc.							
3. Street Address Principal Business C	Office	w nearing, inc.	City	State	7.			
4 Fairside Drive			Carolina	RI	02812			
4. Business Phone No. 5. State		5. State of Incorporatio		1 1(1	02012			
(401) 213-6105 RHODE ISLAI		D						
6. Brief Description of the Character of PLUMBING AND HEATING	of Business Conducted in G CONTRACTING, IN	Rhode Island						
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR AT	TACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS			
Prestagu Name			Vice President Name					
David Cote			Jo-Ann Cote					
Street Address 4 Fairside Drive			Street Address 4 Fairside Drive					
Carolina	State	Zip	Cit) ¹	State	Zip			
Secretary Name	RI	02812	Carolina	RI	02812			
David Cote			Treasurer Name					
Street Address			David Cote Street Address					
4 Fairside Drive			4 Fairside Drive					
City	State	Zij	City	State	7/6			
Carolina	RI	02812	Carolina	DT	02812			
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS			
Director Name			Director Name					
David Cote								
Street Address			Street Address					
4 Fairside Driv								
Carolina	State RI	Zip 0.201.0	City	State	Zip			
Director Name	VT	J 02812	*****					
			Director Name					
Street Address			Street Address					
			OFFET ZHAVESS					
City	State	Zip	City -	State	Zip			
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9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value			
2,000 NO PAR VALUE			-0-	None	None			
This report must be executed or	n behalf of the corn	oration by an authori	zad ropragontativa If the					
this report must be executed or	n behalf of the corpo	oration by the receive	r or trustee.	orporation is in the hands	of a receiver or trustee,			
1 (85)	(a 1511) BB151 à i							
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			including any accor	rjury, I declare and affirm to	hat I have examined this report			
FILED Check No. OCT 0 5 2007 By: By STATE USE ONLY			including any accompanying schedules and statements, and that all statements contained before are true and correct.					
			(OS) 11007					
			Signature Date David Cote Print or Type Name					
						<u>President</u>		
					j	ine		