RI SOS Filing Number: 200805440410 Date: 01/09/2008 4:00 PM

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 2008

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.	2. Name of Corporation		
33500	Turcotte Plumbing & Heating, Inc.		
3. Street Address Principal Business Office	City	State	Zip
20 Comstock Court	Woonsocket	RI	02895
4. Business Phone No.	5. State of Incorporation		
(401)-568-0429	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island

Plumbing and heating

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Roger R. Turcotte	John A. LeBlanc
Street Address	Street Address
310 South Shore Road	224 E. Ironstone Road
City / State / Zip	City / State / Zip
Pascoag / RI / 02859	Harrisville / RI / 02830
Secretary Name	Treasurer Name
Cheryl A. Turcotte	Cheryl A. Turcotte
Street Address	Street Address
310 South Shore Road	310 South Shore Road
City / State / Zip	City / State / Zip
Pascoag / RI / 02859	Pascoag / RI / 02859

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Roger R. Turcotte	
Street Address	Street Address
310 South Shore Rd.	
City / State / Zip	City / State / Zip
Pascoag / RI / 02859	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	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.

[redacted] [redacted]

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.

Cheryl A Turcotte 1-8-08

Signature *Date*

Cheryl A. Turcotte

Print or Type Name

Secretary

Title

[redacted]

File Date FILED

Check No. JAN 09 2008

By: By 2082 mnc

17665-4-214156

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Form 630 Rev. 08/06