

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __

2001 Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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 76410 WILLIAM STOVER HEATING INC. Street Address Principal Business Office P.O. Box 8995 *⊂ity* Warwick R.I. 4. Business Phone No 02888 State of Incorporation RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TO Provide Heating Equipment Installation & Repair Service 7. NAMES AND ADDRESSES OF THE OFFICERS: $("X" BOX FOR ATTACHMENT) \square$ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name William Stover Street Address P.O. Box 8995 Street Address Warwick 6.111 R.I. State 02888 Z(p)Secretary Name Treasurer Name Street Address State Ztη-) 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name William Stover Street Address Street Address P.O. Box 8995 ZipCitvWarwick State 02888 Director Name Director Name Street Address Street Address 158 City WARWICK State RI02886 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Vale 2000 common NPV 2000 common NPV--

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.

File Date FILED Check No. FEB 2 5 2008 By: By 0 50697 11.47	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 Stover Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title PRESIDENT
	Form 630 Rev. 12/05