



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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. 89607		2. Name of Corporation Manville Mechanical Services, Inc.			
3. Street Address Principal Business Office Mendon Plaza, 2960 Mendon Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 405-0850		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To carry on the business of repair and installation of heating, ventilation and air conditioning					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roger Valois			Vice President Name Steven R. Plante		
Street Address 2960 Mendon Road			Street Address 2960 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Denise A. Plante			Treasurer Name Roger Valois		
Street Address 2960 Mendon Road			Street Address 2960 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			2007 MAR 13 PM 12:32		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Common	No Par Value	100	Common	No Par Value
THIS SECTION MUST BE COMPLETED					

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.

FILED

MAR 13 2008

By ADMF

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.

12:32
11-52498

Signature Denise A. Plante Date 3/10/08

Denise A. Plante

Print or Type Name

Secretary

Title

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY