



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 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.<br>116898  |              | 2. Name of Corporation<br>TRIVERS Plumbing & Heating Inc. |   |              |              |
| 3. Street Address Principal Business Office<br>665 Fish Road   |              | City<br>Tiverton  | State<br>RI   | Zip<br>02878 |              |
| 4. Business Phone No.<br>401 849-1505  |              | 5. State of Incorporation<br>Rhode Island                 |   |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |              |   |   |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |   |              |              |
| President Name<br>GARY TRAVERS   |              | Vice President Name<br>NONE                               |   |              |              |
| Street Address<br>665 Fish Road  |              | Street Address  |   |              |              |
| City<br>TIVERTON   | State<br>RI  | Zip<br>02878  | City  | State        | Zip          |
| Secretary Name<br>DOREEN TRAVERS   |              | Treasurer Name  |   |              |              |
| Street Address<br>665 Fish Road  |              | Street Address  |   |              |              |
| City<br>TIVERTON   | State<br>RI  | Zip<br>02878  | City  | State        | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |   |   |              |              |
| Director Name<br>RONALD TRAVERS  |              | Director Name<br>STEVEN CARDOZA                           |   |              |              |
| Street Address<br>46 KENSINGTON AVE  |              | Street Address<br>15 BRADLEY TERRACE                      |   |              |              |
| City<br>Portsmouth   | State<br>RI  | Zip<br>02871  | City<br>Portsmouth  | State<br>RI  | Zip<br>02871 |
| Director Name  |              | Director Name   |   |              |              |
| Street Address   |              | Street Address  |   |              |              |
| City   | State        | Zip   | City  | State        | Zip          |
| 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 MUST BE COMPLETED                      |              |              |
| Number of Shares   | Class/Series | Par Value   | Number of Shares  | Class/Series | Par Value    |
| 8,000  | NO PAR VALUE |   | 0   |              |              |

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                           |             |
| File Date                       | AUG 25 2008 |
| Check No.                       | 13232       |
| 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: GARY TRAVERS Date: 8/15/08  
Print or Type Name: GARY TRAVERS  
Title: PRESIDENT