

A. Ralph Mollis, Secretary of State Corporations Division Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - Warch 1 • Filing Fee: \$30.00	
* 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 t	law (R.I.G.L. 7-1,2-1501(cera)) is
which to a pendly for of \$25.00	

. Corporate ID No. 8426	TAC, INC.					
Street Address Principal Business Office 2 HOSIE ROAD		W. KINGSTON	State RI	^{Zip} 02892		
Business Phone No. 5. State of Incorporation RHODE ISLAND						
	IEATING, VENTILA	ATION & AIR-CONDITIONING				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name THOMAS A. COUSINEAU		CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name CHERYL L. COUSINEAU				
Street Address 22 HOXIE ROAD		Street Address 22 HOXIE ROAD				
W. KINGSTON	State RI	^{Zip} 02892	City W. KINGSTON	State RI	74p 02892	
Secretary Name CHERYL L. COUSINEAU		Treasurer Name THOMAS A. COUSINEAU				
Street Address 22 HOXIE ROAD		Street Address 22 HOXIE ROAD				
City W. KINGSTON	State RI	^{Zip} 02892	W. KINGSTON	State RI	^{Zip} 02892	
8. NAMES AND ADDRE	SSES OF THE DIRE	ECTORS: ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENT	
Street Address		Street Address				
City	State	Zip	City	State	Zip	
Director Name THOMAS, A. COUSI	NEAU		Director Name CHERYL L. COUSIN	NEAU		
Street Address 22 HOXIE ROAD			Street Address 22 HOXIE ROAD			
City W. KINGSTON 9. SHARES AUTHORIZE	State RI ED	^{Zip} 02892	City W. KINGSTON 10. SHARES ISSUED	State RI ("X" BOX FOR ATTACE	Zτρ 02892 HMENT) []	
		ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			500	COMMON	NO PAR	
instruction sheet.						
	cuted on behalf of t	the corporation by an authoriz	ed representative. If the contrustee.	orporation is in the hand	s of a receiver of	
This report must be exe		ne corporation of the receiver	•• •			
This report must be executive this report must be executive.	Juicu on ounan or c	-			i	

CHERYL L. COUSINEAU Print or Type Name **SECRETARY** FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08