STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Matthew A. Brown, Secretary of State*
*Corporations Division*
*100 North Main Street, Providence, RI 02903-1335*
*401.222.3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

***Filing Period: January 1 - March 1 ● Filing Fee: $50.00***

***(FORM MUST BE TYPED IN BLACK)***

| *1. Corporate ID No.* | *2. Name of Corporation* | | | |
|---|---|---|---|---|
| 140286 | Middletown Winnelson Co. | | | |
| *3. Street Address Principal Business Office* | | *City* | *State* | *Zip* |
| 120 Dekoven Drive | | Middletown | CT | 06457 |
| *4. Business Phone No.* | *5. State of Incorporation* | | | *6. SIC Code* |
| 860-344-1866 | DELAWARE | | | |

*7. Brief Description of the Character of Business Conducted in Rhode Island*
**WHOLESALE DISTRIBUTION OF PLUMBING, HEATING, PIPING AND RELATED PRODUCTS**

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

| *President Name* | | | *Vice President Name* | | |
|---|---|---|---|---|---|
| Henry A Breitenbach | | | | | |
| *Street Address* | | | *Street Address* | | |
| 4 Northwinds Drive | | | | | |
| *City* | *State* | *Zip* | *City* | *State* | *Zip* |
| Ivoryton | CT | 06442 | | | |
| *Secretary Name* | | | *Treasurer Name* | | |
| Robert M Ide | | | Robert M Ide | | |
| *Street Address* | | | *Street Address* | | |
| 85 West Meadow Road | | | 85 West Meadow Road | | |
| *City* | *State* | *Zip* | *City* | *State* | *Zip* |
| Hamden | CT | 06518 | Hamden | CT | 06518 |

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

| *Director Name* | | | *Director Name* | | |
|---|---|---|---|---|---|
| Priseco A Panza | | | Henry A Breitenbach | | |
| *Street Address* | | | *Street Address* | | |
| 33 North Street | | | 4 Northwinds Drive | | |
| *City* | *State* | *Zip* | *City* | *State* | *Zip* |
| Milford | CT | 06484 | Ivoryton | CT | 06442 |
| *Director Name* | | | *Director Name* | | |
| Benjamin G Fry | | | Jack Osenbaugh | | |
| *Street Address* | | | *Street Address* | | |
| 4969 Springboro Road | | | 611 Heartland Trace | | |
| *City* | *State* | *Zip* | *City* | *State* | *Zip* |
| Lebanon | OH | 45036 | Centerville | OH | 45458 |

**10. SHARES AUTHORIZED** *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|---|---|---|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* | *Number of Shares* | *Class/Series* | *Par Value* |
| 1,200 COMM $1.00 PAR VALUE | | | 600 | 1 | 600 |
| | | | | | |

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 4 0 2 8 6 [redacted]

*140286 FBC 02/24/05 11:04:26 AM*
*File Date* FILED
*Check No.* FEB 28 2005 78410
*By:* 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 of Officer* — *Date*
Robert M Ide — 02-24-05
*Print or Type Name of Officer*
[redacted] Secretary
*Title of Officer*

Form 630 12/01