



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **33500** 2. Name of Corporation **Turcotte Plumbing & Heating, Inc.**
3. Street Address Principal Business Office
20 Comstock Court City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 568-0429** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**
7. Brief Description of the Character of Business Conducted in Rhode Island
Plumbing & Heating

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

President Name Roger R. Turcotte Street Address 310 South Shore Road City Pascoag State RI Zip 02859	Vice President Name John A. LeBlanc Street Address 11 Cape Road City Mendon State MA Zip 01756
Secretary Name Cheryl A. Turcotte Street Address 310 South Shore Road City Pascoag State RI Zip 02859	Treasurer Name Cheryl A. Turcotte Street Address 310 South Shore Road City Pascoag State RI Zip 02859

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

Director Name Roger R. Turcotte Street Address 310 South Shore Road City Pascoag State RI Zip 02859	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
600	Common	NO PAR

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



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File Date: 2-15-02
Check No.: 847
By: [Signature]

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: [Signature] Date: 2-13-02
Print or Type Name of Officer: Cheryl A. Turcotte
Title of Officer: Treasurer