



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

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

Director Name <b>Roger R. Turcotte</b> Street Address <b>310 South Shore Road</b> City <b>Pascoag</b> State <b>RI</b> Zip <b>02859</b>	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
<b>1,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>NO PAR</b>

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



\* 3 3 5 0 0 \*

File Date: 2/20

Check No.: 629

By: [Signature]

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.

Cheryl A. Turcotte 2-16-01  
Signature of Officer Date

Cheryl A. Turcotte  
Print or Type Name of Officer

Treasurer  
Title of Officer