

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



	,	1 2			£ 1771
(FORM MUST BE TYPED IN BL.	ACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
105700	Hamon Cus	todis, Inc.			
3. Street Address Principal Busines.	s Office		City	State	Zip
58-72 East Main	Street		Somerville:	NJ	08876
4. Business Phone No.		5. State of Incorporatio	n		6. SIC Code
908.685.4000		DELAWARE			1629
7. Brief Description of the Characte	er of Business Conducted is	n Rhode Island		•	1029
Design, erect,r	epair and mai	ntenance of bri	ck and steel chimney	s and stacks	
8. NAMES AND ADDRES President Name	SSES OF THE OFFI	CERS ("X" BOX FOR ATTA	4CHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	CHMENTS
Joseph DeMartin	0		<u> </u>	-	
Street Address			Street Address		,
8 Depalma Court	• •	+ 3 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1			
City	State	Zip	City	State	Zip
Franklin Twsp	NJ	08773			
Secretary Name	ı		Treasurer Name		
Joanathan Lagar	enne		James Violette		
Street Address			Street Address		
36 Sidney School	1 Road		30 Wiggins Lan	e	
City	State	Zip	City	State	Zip
Annandale	NJ	08801	Belle Mead	NJ	08502
9. NAMES AND ADDRES	SES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES	BEFORE USING ATTA	ACHMENTS
Director Name			Director Name		
Michael Billington			Jonathan Lagar	enne	
Street Address			Street Address		
Westview Farm,			36 Sidney Scho	ol Road	
City	State	Zip	City	State	Zip
Derbyshire	England	DE6 2FS	Annandale	NJ	08801
Director Name			Director Name		
James Violette			Jean Gilbert		
Street Address			Street Address		
30 Wiggins Lane			Rue Capoulllet	50-58	
City	State	Zip	City	State	Zip
Belle Mead	NJ	08502	1060 Brussels	Belgium	
10. SHARES AUTHORIZE AUTHORIZE SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X ISSUED SHARES	" BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM \$.01 PA	R VALUE		100	Comm	\$.01

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



File Date:		JAN 3 1 2000
Check No.:	130381	SECRETARY OF STATE
Ву:	GM	
FOR SECRETARY OF	F 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 hereig	are true and correct.
1) 4206 / 1/1/1	1/20100
Joseph Marin	W/F 1/23/00
Signature of Officer	Date
Joseph DeMartino	
TOUCH TO THE CALL	

Print or Type Name of Officer ${\tt President}$ Title of Officer