

Filing Period: January 1 - March 1

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 Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 70407 Charland Enterprises, Inc. 3 Street Address Principal Business Office Benefit 168 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING, HEATING, AIR CONDITIONING, OIL DELIVERY, SALES AND SERVICE. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name $J \cdot M \cdot$ Shawr Street Address Street Address Z_{ip} Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zib City State Director Name Director Name Street Address Street Address City State Zip City State 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 1,000 NO PAR VALUE 1,000 ραυ al This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	4-12-05
	13473
Check No	2n
, —	R 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

Title of Officer

Form 630 Rev. 12/03



Filing Period: January 1 - March 1

(FORM MUST BE TYPED OR PRINTED IN BIACK)

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

• Filing Fee: \$50.00

2004	
	Zip
T	09861
	6. SIC Code
	5090
	in desirantina
RE USING AT	TACHMENTS
) N	
Je	
ZI	D2860
<u></u>	02000
2	
, —	Zip OD860 ATTACHMENTS
_ ~_	TTACHMENTS
	Zip
	l
	Zſp
ATTACHME	(xx) [
25	Par Value
() Do	value
0 Dar	will
reasurer, Rece	eiver or Trustee

1, Corporate ID No. 2. Name of Corporation 70407 Charland Enterprises, Inc. 3. Street Address Principal Business Office Pawtucket 168 Benefit 5. State of Incorporation 4. Business Phone No. 401) 728-1630 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING, HEATING, AIR CONDITIONING, OIL DELIVERY, SALES AND SERVICE. President Name Vice President Name Street Address Street Address 02860 Secretary Name Street Address Street Address 28 28 12 02860 Pau FILL IN SPACES BEF 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip City State Director Name Director Name Street Address Street Address City State State Z_{ij} 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Serie 1,000 NO PAR VALUE 1,00 N

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, T

	* 7 0 4 0 7 *
File Date	FILEL
Check No.	APR 0 6 2004
Ву:	By (129562
	FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjunctuding any accomposition ontained herein are tr	anying schedules		
Shawn 7	naire-	Noxon	3-31-04
ignature of Officer			Date
Shawn	marie	Norton)
Print or Type Name of (Officer .		
Vice	presid	ent	
Title of Officer	٧		



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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

			O 11111 O				~
iling	Period:	January	1-March 1	•	Filing	Fee: \$50	.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

70407

Street Address

Charland Enterprises, Inc.

3. Street Address Principal Business Office

Street 168 Benefit

4. Business Phone No. (401)

J. M. Norton

728-1630

5. State of Incorporation

02861

5090

7. Brief Description of the Character of Business Conducted in Rhode Island Full Delivery Full Service; Installation + repairs;

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name

FILL IN SPACES BEFORE USING ATTACHMENTS

5 nawn

Francis

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

Director Name

Director Name

Street Address

Street Address

State

Zip

Director Name Director Name

Street Address

Street Address

City

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

1,000 NO PAR VALUE

1,000 SHS

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

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.

Title of Officer

Form 630 12/02



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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

	OP)
PLEASE INSTRUC	READ TIONS

Filing Period: January	1-March 1 • 1	Filing Fee: \$50.00	ONI TON THE	1 D/KR	PLEASE REA INSTRUCTIO
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corporation		· - ·	≠ -	
70407	Charland Ente	rprises, Inc.			
3. Street Address Principal Business		4	city 1 . V 1	State	Zip
4. Business Phone No.	efit 5tr	5. State of Incorporation	Pawtucket	157	6. SIC Code
(401) 728 - 7. Brief Description of the Character	1630 of Business Conducted in F	RHODE ISLAND			5090
Full Service	Install	ation 4 re	pairs: Fu		1
8. NAMES AND ADDRESS President Name	SES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTACHM	ENTS
J. M. NO	rton		Street Address	Norton	
28 Franc	is Ave			ncis Ave	
City Day trake to	State	zip 02860	Chr. Trck+	State 0 -	02860
Secretary Name	"		Treasurer Name	الشب	02800
Street Address	Jorton		J. M. No	orton	
	cis Ave		Street Address 28 Kan	cis Aue	
City	State 0	Zip	City	State 5	Zip
Pawrocket	WI	02860	Pawtucket	RI	02860
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR ATTAC	CHMENT) • FILL IN SPACES B Director Name	SEFORE USING ATTACH	MENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	• • •	Adio shekkan len i Page	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR ATTACI	HMENT)	11. SHARES ISSUED (*x* I	3OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1 1000		
			1,000 242	NO Pai	r value
This report must be signe	d in ink hv either	the President Vice P	+	nt Secretary Transurar	Pacainar or Truck
			cornelli, occiding, rissistat	re occiciany, measurer,	, receiver or must



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.

Shan Man	_noten
Signature of Officer	Date
	1

Shawn	Marie	Norton
Print or Type Name i		•

VICE	Dresident
Title of Officer	·

≪⊃> 5

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



Filing Period: January 1-March 1 • Filing Fee: \$50.00

					•
Street Address	•		Street Address		
City	State	Zip	City	State	Zip;
Director Name			Director Name		
Street Address			Street Address		•
City	State	Zip	City	State	Zip
10. SHARES AUTHOI	RIZED (*X* BOX FOR ATT	'ACHMENT')	11. SHARES ISSUE	D ("X" BOX FOR ATTACHMEN	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR	VALUE		1,000 5	HS NO PO	r value
					
This report must be	signed in ink by eit	her the President, \	Vice President, Secretary, A	Assistant Secretary, Trea	surer, Receiver or Truste
:					
					V ,
			Under penalty o	f perjury, 1 declare and affi	rm that I have examined
	·	•	this report, inclu	iding any accompanying so	hedules and statements, and
	1/17		that all statemer	its contained herein are tru	ie and correct.
File Date:	11294		Straun Signature of Officer	naue Mor	en 1/15/01
Check No.:	Q.		Shawr Print or Type Name	of Officer	orton
Ву:				1 4	

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BLACK)					
1. Corporate ID_No.	2. Name of Corporation Charland Ent	erprises, Inc.		*		
	t Stree 1630	5. State of incorporation RHODE ISLAND	Pawtuc	ket su	RI.	02861
7. Brief Description of the Character of Sevul 8. NAMES AND ADDRESSE President Name	ce, insta	allation a	(ENT) FILL IN SPA Vice President Name	ACES BEFORE	USING ATTACHME	ints
Street Address 28 Francis City Pawtucket Secretary Name	-ON Ave State RI Vorton	21p 02860	Shawa Street Address 28 R City Pawlo Treasurer Name	rancis ckut	ate RI	zip 0 Z86 D
Street Address 28 Franci City Pawhickt	State RI	Zip	Street Address 28 City PAW+ HMENT) FILL IN S Director Name	icket.	RE USING ATTACH	21p OZ86 () MENTS
Street Address			Street Address			,
City	State	Zip	City	·. Sto	ate	Zip
Director Name			Director Name	• • • • •	1 1 2 m x x x 22	
Street Address -			Street Address			•
City	State	Zip	City	Ste	ate	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSU	JED ("X" BOX)	FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	CI	ass/Series	Par Value
1,000 NO PAR VALU	E		1,000 5	SHS	No Par	value

Shawn -	naire -	noten	, 1,	115	101
Signature of Officer		Da	te 🧃	,	
<u> Shawn</u>	Marie	Norto	n		
Print or Type Name of O	fficer				
		. /			

Title of Officer

Form 630 12/00



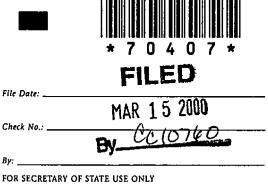
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

STOP PIEWEREND INSERT HONS

(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No. 2. Name of Corpor	ation Enterprises, Inc.			-
3. Street Address Principal Business Office 168 Benefit 5t 4. Business Phone No. (401) 728-1630 7. Brief Description of the Character of Business Conducted	5. State of Incorporation RHODE ISLAND	Pawtucket	State	21p 0280 6. SIC Code 5090
Full Service, inst		pairs; Fue	1 delivery	
8. NAMES AND ADDRESSES OF THE OF	FICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B Vice President Name		MENTS
J. M. Norton		Shawn	Morton	
Street Address 10 Rose Drive.		Street Address	e Drive	
Pawtaket State RI	21p 02861	Pawticket	State RI	02801
Secretary Name Shawn Marie	Norton:	Treasurer Name M. N.	orton	
street Address 10 Rose Drive		Street Address	Dri 10	
City	· Zip	i city Day 1	L State D	Zip -
9. NAMES AND ADDRESSES OF THE DIF	PECTORS ("X" BOX FOR ATTAC	CHMENT) : FILL IN SPACES Director Name	S BEFORE USING ATTACE	HMENTS
Street Address		Street Address		
City State	Zip	City	State	Zip
Director Name		Director Name		10.00 to 10.
Street Address	•	Street Address		
City State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR AT AUTHORIZED SHARES	TACHMENT)	11. SHARES ISSUED ("X	(* BOX FOR ATTACHMENT)	
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE		1,000 SHS	NOPARU	alve
This report must be signed in ink by eight		resident, Secretary, Assis	tant Secretary, Treasure	– r, Receiver or Trust

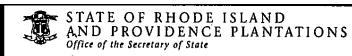


Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Show Maine Signature of Officer	norten	3-13-00
Signature of Officer		Date
~l. a . a . a.	1 ~ ~ 1 ~	100

Print or Type Name of Officer

Title of Officer



FOR SECRETARY OF STATE USE ONLY

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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)			1.33 RGC 110.13
1. Corporate ID No. 2. Name of Corporation			
70407 Charland Enterprises, Inc. 3. Street Address Principal Business Office	r din	Talli and a second	
168 Benefit Street	Pawtoket	State	02861
(401) 728-1630 RHODE ISLAND)		6. SIC Code 5090
7. Brief Description of the Character of Business Conducted in Rhode Island Ful Jervice installation + ret	xirs; fuel d	elivery	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACH! President Name	MENT) [FILL IN SPACES BEFO	DRE USING ATTACHM	ENTS
J. M. Norton	Vice President Name 5hawn Ma	arie Nor	ton
P.O. BOX 2037	D. D. Box	2037	
Pawtucket RI 21p 02861	Pawtucket	State 12 I	02861
Secretary Name Shown Marie Norton	Treasurer Name J. M. NOV	1	
P. Box 3.037 City State Zip	PO BOX 2	037	
Pawticket RI 02801	Pawtucket	State	02861
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTAC		FORE USING ATTACH	MENTS
Director Name	Director Name		
Street Address	Street Address		,
City State Zip	City	State	Zip
Director Name	Director Name	l	
Street Address	Street Address		
City State Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BC	OX FOR ATTACHMENT)	·
AUTHORIZED SHARES	ISSUED SHARES		
Number of Shares Class/Series Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE	1,000 545	No Par	Value
This report must be signed in ink by either the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasurer	Receiver or Trustee
1	Under penalty of perjury,	I declare and affirm the	at I have evamined
~	this report, including any		
1-1-99	that all statements contain		
File Date:	Shown Mi	ine notor	12-28-90
1/1/2/9	Signature of Officer	<u> </u>	Date

Title of Officer



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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACE	ĸ)				
1. Corporate ID No.	2. Name of Corporation				<u> </u>
70407	Charla	nd Enterpr	rises, Inc.		,
3. Street Address Principal Business Of	[City	State	Zip
168 Benel	Fit Str		Pawtucket	RI	02861
4. Business Phone No.		5. State of Incorporation	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		6. SIC Code
1-8EL (10h)		Rhode	Taland		2040
7. Brief Description of the Character of	f Business Conducted in	Rhode Island	, and repairs	on hoilec	
8. NAMES AND ADDRESSI	oery, rui	TERS (SAN BOY BOY) 2011	C COLOR I CHOLL 3	ON DOLLER	
President Name	es of the offic	EK3 (A BOX FOR ATTACE	Vice President Name		1
J. M. Norto	\sim		: Shawn M	arie Nor	ton
Street Address	•		Street Address	•	
BO BOX S	037		P. O. BOX	2037	
City	State	Zip	City	State	Zip
Pawtucket	RI	०५८%। .	Hawtocket	RI	028.61
Secretary Name	arie Nor	-120	Treasurer Name To M. No.	cton	
	NIE 1001	ron .	Street Address	1 1011	
P.O.Box 20	752		P. D. BOX	2037	
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawticket	RI	· 02861
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS ("X" BOX FOR ATTA	ACHMENT)		
Director Name			Director Name	•	
Constant de Lidence		-	Street Address		
Street Address			Otter Maniess		
City	State	Z!p	: · City	State	Zip
Director Name	• • • • •		Director Name	e . e . e	en • o ou viv
Street Address			Street Address		
City	State	Zip	City	State	; Zip
on,	State	2.7	 ,	•	,
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	* BOX FOR ATTACHMENT	'n
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR	VALUE	1 400 640	V)0 D0D	sialue
1,000 3113	140 THE	V11/CVG	1,000 SHS	100 HUK	value
		•			
			northern Co.		
This report must be signe	d in ink by eith	er the President, Vice	President, Secretary, Assist	ant Secretary, Ireast	irer, keceiver or itus

File Date:	4-3-98	
Check No.:	11211	
Ву:	PA	
FOR SECRETA	BY OF STATE HISE 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.

Shawn	Mario	norton	3-24-98
Signature of Officer		Date	
Sharra	Out and a	Macton	

51	YUWI	<u> </u>	Marie	NOC	ton
•	75 37				

Title of Officer



STATE OF RHODE ISLAND ND TROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	LACK)				COMPLETING THIS FORM	
1. Corporate ID No. 70407	2. Name of Corporat Charland I	^{lon} Enterprises, Inc.				
4. Buşiness Phone No.	efit Str	eet 5. State of Incorporation RHODE ISLA	Pawtucket.	State RI	21p 0 2861 6. SIC Code 5090	
7. Brief Description of the Charac	S-1630 ter of Business Conducted in		ng, heating, air truities both within	conditioning		
5ales and service 8. NAMES AND ADDRI	, and all oth	er lawful ac	tivities both within	a without }	his State.	
President Name	Norton_		Vice President Name 5hawn 1)	larie Nor	lon	
Street Address P.O.B.OX City	2037		Street Address P. D. BOX	037		
Pawłucke	1 _	2ip 03861	Pawlocket	State 07	03.761	
	marie 1	<u>sorton</u>	Treasurer Name T. M. NO	rton		
Street Address P. O. Box	2037		Street Address P.O.BOX	2037		
Pawtucke	State RI	102-861	Pawlucket	State R_T	02861	
9. NAMES AND ADDRI	SSES OF THE DIRE	CTORS ("X" BOX FOR AT	ACHMENT)			
Director Name			Director Name	•		
Street Address			Street Address	*		
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address		-	
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ	ZED AND ISSUED (*	X BOX FOR ATTACHMENT)		h		
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 SHS NO PAR VALUE		1,000 3HS	NO Par Valu	he		
· · · · · ·						
This report must be sig	gned in ink by eith	er the President, Vice	President, Secretary, Assista	ant Secretary, Treasure	r, Receiver or Trustee	

* 7 0 4 0 7 *	Under penalty of perjury, I declare an
File Date: 3/47	this report, including any accompanyl that all statements contained herein a Shawn Maire
Check No.:	Signature of Officer Signature of Officer Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

d affirm that I have examined ing schedules and statements, and ire true and correct.

Shawn	Maire	norton	2-19-97
Signature of Officer		Date	,
Shawn	Marie	Norton	
Print or Type Marse of Off	icer		

PROFIT CORPORATION ANNUAL REPORT

1996



State of Knode Island and Providence Plantations James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

1. CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR PRIN	II IN BLAUK INK.	<u> </u>	
70407	i .	i Enterprises, I		113.22	-
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE			Pawtucket	STATE	02861
4. BUSINESS PHONE NO. (401) 728-16		SYATE OF INCORPORATION RHODE ISLA	ND	L	5090
7. BRIEF DESCRIPTION OF THE CHARACTER OF BU		0	•		1 -
Oil Delivery,	vv_		, sales a se		
PRESIDENT NAME	8. NAMES AND ADDRESSES OF THE OFFICERS VICE PRESIDENT NAME				
J. M. NO	rton		Shawn Marie Norton		
P. O. BOX 2	.037		P.O. BO	x 2037	
Pawtucket	R.T.	ZIP CODE	Pawtucket	STATE	12800E 0280]
SECRETARY NAME Shawn (Street address	Marie NX	octon	TREASURER NAME J. M. N	vorton	
1			STREET ADDRESS P.O. Bo		·
Pawtucket	STATE	02861	Pautucko	STATE	ZIP CODE ÖQ861
· ·		ES AND ADDRES		ECTORS	
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS		1	STREET ADDRESS		
ату	STATE	ZIP CODE	ату	STATE	ZIP CODE
DIRECTOR NAME	<u>[</u>		DIRECTOR NAME		
STREET ADDRESS	STREET ADDRESS				
		1 30 AAA	cmi	I frayr	The food
an	STATE	ŽIP COD€	άτγ	STATE	ZIP CODE
·	10. SH	ARES AUTHORIZ	ED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
1,000 SHS NO	PAR VALUE	·	1,000 sHs 1	DO Par Value	
			;[
			±		
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
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.					
File Date: 5/28/96 Signature of Officer Check No: 10416 Shawn Marie Norton					
Check No: 10416 Shawn Marie Worton Print or Type Name of Officer					
By:	w		-	Presiden	t 5-24-96

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUS	et be completed in fu	7	ORM WILL BE I	1000		
•	Charland	٠ ،	Drises	- · · · · · · · · · · · · · · · · · · ·		
Name of Corporation:	nder the laws of the State of:	5-7	Business Entity is	(chack one):		
• •	nd telephone number of principal offi	ice	,	rporation (See RIGL Chapte	e 7-1-11	
101 10101611 01111171 0001000 11				Service Corporation (See R	-	7-5.1)
			Brief statement of	the character of business co	onducted in Ri	hode Island:
Phone: ()		·	Plumbi	ma, Heatma		
Address and telephone of th Island (Provide street address		n Rhode	<u>conditio</u> salea,		be liver	4
Pawtuc						·
Phone: (401) 728	-1630					
	THE		E OFFICERS ARE):		
PRESIDENT		STREET ADDR		CITYATATE	A	ZIP CODE
J. Norto	Ω,	10 ROS	e Drive	Pawtocket	RI	02801
Shawn Ma	rio Nactor	10 ROZ	_		RI	ZIP CODE
SECRETARY	116 1001 1011	STREET ADDR	ESS UTIVE	Pautucket	٥٢	O 2 TO 1
shown ma	rie Norton	10 R 0	e Drive	· -	RI	02861
TREASURER		STREET ADDR	ESS	Pawtucket		ZIP CODE
J. Norton	·	10 Ros	e Drive	Pawtucko t	RI	02801
	THE N		DIRECTORS AR			
NAME		STREET ADDR	ESS	. CITY/STATE		ZIP CODE
NAME		STREET ADDR	ESS	CITY/STATE	,	ZIP CODE
NAME		STREET ADDR	ESS	CITYSTATE		ZIP CODE
NUMBER OF SHARES AUT	HORIZED (Rider may be attached)		NUMBER OF SHARES	ISSUED AND OUTSTANDE	NG (Rider may	be attached)
Number of Shares	Class / Series		Number of Shares	Class / Series		 ,
1,00,0	common.		1000	Common		
		,		•		
Date June) ^a , 19 95	By:/	aun Mar Shawn Ma E NAME OF OFFICER SIGNING	e Norton		
Form 31 1/95		TITLE OF OFFI	CER SIGNING	· ·	<u> </u>	
	DESIGNATED REGI					
PLEASE NOTE: If the regi	istered office and/or registered agent	t indicated below is	igeogract, Form mu	st be filed.	•"	

BY 19 1995

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULI	L OR THE	FORM WILL BE I	RETURNED.		
Corporate ID:		Annual Report for the	e vear: 1994		
Corporate 10.	$\frac{1}{1}$		·) · · · · · · · · · · · · · · · · · ·		
Name of Corporation: Name of Corporation:	<u>C1774</u>	rprises			
Business entity organized under the laws of the State of:		Business Entity is	(check one):		
For foreign entity, address and telephone number of principal office	:	[🗸 Business Cor	poration (See RIGL Chapte	r 7-1.1)	
		[] Professional	Service Corporation (See R	IGL Chapter 7-5.1)	
		Brief statement of	the character of business co	inducted in Rhode Isla	nd:
Phone: (')			, Heating, O	m condition	MC]
Address and telephone of the principal office of business entity in R Island (Provide street address - Not P.O. Box): 168 Benefit Street	.hode	oil do	livery, Jals	s & service	<u> </u>
Pawtocket RI 02801					
Phone: (401) 728-1630					
THE NA	MES OF T	HE OFFICERS ARE	;;		
PRESIDENT	STREET AL	DDRESS	CITY/STATE	Ž	IP CODE
J. Norton	10 R	oze Drive	<u> Pawtucket</u>	RI ODT	
VICE PRESIDENT	-		~	~ ~	IP CODE
Shawn Marre Norton		Cose Drive	Pawtucket	15T 058	
SECRETARY	STREET AL		CITYSTATE	_	IP CODE
Shawn marie Norton		one Drive	Pawtocket	• · ·	
TREASURER	STREET AL	_	CITY/STATE		IP CODE
J Norton		ose Drive	Pawtucket	RI Oal	561
		HE DIRECTORS AR			IP CODE
NAME	STREET AL	DUKESS	CITY/STATE		IP CODE
NAME	STREET AL	DDRESS	CTTY/STATE		IP CODE
NAME	STREET AL	DDRESS	CITY/STATE	z	IP CODE
		·			
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES	ISSUED AND OUTSTAND	NG (Rider may be attach	ied)
Number of Shares Class / Series		Number of Shares	Class / Series		
1000 common.		1,000	common	•	
		'			
					<u>_</u>
Date June 19 19 95	' Bv:≤	shown ma	ane norte	n	
0		hawn Mai			
_		TYPE NAME OF OFFICER SIGNIN	· vice Presid	ent.	
Form 31 1/95		OFFICER SIGNING			
DESIGNATED REGIS	TERED AG	ENT FOR SERVICE	OF PROCESS:		
PLEASE NOTE: If the registered office and/or registered agent is	ndicated belo	w is incorrect, Form 9 mu	st be filed.	,	

JUN 1 9 1995

BY 4 14 1722

State of Klinde Island and Frovidence Flantations Corporations division 100 North Main Street PROVIDENCE, RIIODE ISLAND 02903

Corporate ID0070407	Annua	Report for the year	1993
FIRST: The name of the corporation is	aysha entere	RISES, INC.	·····
D/B/A Charland	d oil c	D	
SECOND: It is incorporated under the laws of	_		
THIRD: Character of business, briefly stated, oil delivery, Plumbing activities both within and Fourth: If foreign corporation, address of	is heating Sales 4 59 d without t its principal office	A /C , ! Pruice, and his stake N/A	Retail heating all other lawfo
FIFTH: Business address in Rhode Island	168 Benefi	t Street	
SIXTH: Names and addresses of its directors Name Offi	ice	Address (including number, s	(Attach rider if necessary)
Directo			
Directo		••••••	
J. M. Norton Presider		Bres Do	2
,			ing.
J. M. Norton Vice Pr S. M. Norton Secreta			
J. M. Worton Treasur			116
	er	KOZŁ D	Par Value
SEVENTH: Number of Shares authorized: No. of Shares /, OOO Class /, C	Scrie	. 	or statement that shares are without par value
		Paul Of Lin	
EIGHTH: Number of Shares issued: No. of Shares Class	Scrie	PERMITTE	Par Value or statement that shares are without
110. Of Strates Criss			par value
	•	id Enterpr	
Dated November 26 1993	(Name of Conporation)	Jaysha E Morton	interprises,=
(Report must be signed by an officer)	Title Pres	<i>L.YU.V.W.</i>	