



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.<br>106709                                                                                                               |              | 2. Name of Corporation<br>STEVEN A. DUBOIS, INC. |                                     |                    |              |
| 3. Street Address Principal Business Office<br>181 CHURCH STREET                                                                            |              | City<br>BRADFORD                                 | State<br>RI                         | Zip<br>02808-      |              |
| 4. Business Phone No.<br>4013778712                                                                                                         |              | 5. State of Incorporation<br>RHODE ISLAND        |                                     | 6. SIC Code<br>232 |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN PLUMBING AND HEATING CONTRACTING.               |              |                                                  |                                     |                    |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |              |                                                  |                                     |                    |              |
| President Name<br>STEVEN A. DUBOIS                                                                                                          |              |                                                  | Vice President Name<br>none         |                    |              |
| Street Address<br>181 CHURCH STREET                                                                                                         |              |                                                  | Street Address                      |                    |              |
| City<br>BRADFORD                                                                                                                            | State<br>RI  | Zip<br>02808                                     | City                                | State              | Zip          |
| Secretary Name<br>STEVEN A. DUBOIS                                                                                                          |              |                                                  | Treasurer Name<br>STEVEN A. DUBOIS  |                    |              |
| Street Address<br>181 CHURCH STREET                                                                                                         |              |                                                  | Street Address<br>181 CHURCH STREET |                    |              |
| City<br>BRADFORD                                                                                                                            | State<br>RI  | Zip<br>02808                                     | City<br>BRADFORD                    | State<br>RI        | Zip<br>02808 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |              |                                                  |                                     |                    |              |
| Director Name<br>STEVEN A. DUBOIS                                                                                                           |              |                                                  | Director Name                       |                    |              |
| Street Address<br>181 CHURCH STREET                                                                                                         |              |                                                  | Street Address                      |                    |              |
| City<br>BRADFORD                                                                                                                            | State<br>RI  | Zip<br>02808                                     | City                                | State              | Zip          |
| Director Name                                                                                                                               |              |                                                  | Director Name                       |                    |              |
| Street Address                                                                                                                              |              |                                                  | Street Address                      |                    |              |
| City                                                                                                                                        | State        | Zip                                              | City                                | State              | Zip          |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                                                  |                                     |                    |              |
| AUTHORIZED SHARES                                                                                                                           |              |                                                  | ISSUED SHARES                       |                    |              |
| Number of Shares                                                                                                                            | Class/Series | Par Value                                        | Number of Shares                    | Class/Series       | Par Value    |
| 8,000 NO PAR VALUE                                                                                                                          |              |                                                  | 100                                 | COMMON             | NO PAR       |
|                                                                                                                                             |              |                                                  |                                     |                    |              |

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



1 0 6 7 0 9

\*106709 DBC 01/06/05 11:40:14 AM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

By: \_\_\_\_\_

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 Steven A. Dubois Date 3-3-05

STEVEN A. DUBOIS

Print or Type Name of Officer

President

Title of Officer



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 2004**

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

(FORM MUST BE TYPED IN BLACK)

|                                                                                                                                   |             |                                                  |                                     |             |                    |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|-------------------------------------|-------------|--------------------|
| 1. Corporate ID No.<br>106709                                                                                                     |             | 2. Name of Corporation<br>STEVEN A. DUBOIS, INC. |                                     |             |                    |
| 3. Street Address Principal Business Office<br>181 CHURCH STREET                                                                  |             |                                                  | City<br>BRADFORD                    | State<br>RI | Zip<br>02808 -     |
| 4. Business Phone No.<br>4013778712                                                                                               |             | 5. State of Incorporation<br>RHODE ISLAND        |                                     |             | 6. SIC Code<br>232 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN PLUMBING AND HEATING CONTRACTING.     |             |                                                  |                                     |             |                    |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |             |                                                  |                                     |             |                    |
| President Name<br>STEVEN A. DUBOIS                                                                                                |             |                                                  | Vice President Name                 |             |                    |
| Street Address<br>181 CHURCH STREET                                                                                               |             |                                                  | Street Address                      |             |                    |
| City<br>BRADFORD                                                                                                                  | State<br>RI | Zip<br>02808                                     | City                                | State       | Zip                |
| Secretary Name<br>STEVEN A. DUBOIS                                                                                                |             |                                                  | Treasurer Name<br>STEVEN A. DUBOIS  |             |                    |
| Street Address<br>181 CHURCH STREET                                                                                               |             |                                                  | Street Address<br>181 CHURCH STREET |             |                    |
| City<br>BRADFORD                                                                                                                  | State<br>RI | Zip<br>02808                                     | City<br>BRADFORD                    | State<br>RI | Zip<br>02808       |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |             |                                                  |                                     |             |                    |
| Director Name<br>STEVEN A. DUBOIS                                                                                                 |             |                                                  | Director Name                       |             |                    |
| Street Address<br>181 CHURCH STREET                                                                                               |             |                                                  | Street Address                      |             |                    |
| City<br>BRADFORD                                                                                                                  | State<br>RI | Zip<br>02808                                     | City                                | State       | Zip                |
| Director Name                                                                                                                     |             |                                                  | Director Name                       |             |                    |
| Street Address                                                                                                                    |             |                                                  | Street Address                      |             |                    |
| City                                                                                                                              | State       | Zip                                              | City                                | State       | Zip                |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES                                         |             |                                                  |                                     |             |                    |
| Number of Shares                                                                                                                  |             | Class/Series                                     | Par Value                           |             |                    |
| 8,000 NO PAR VALUE                                                                                                                |             |                                                  |                                     |             |                    |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES                                                 |             |                                                  |                                     |             |                    |
| Number of Shares                                                                                                                  |             | Class/Series                                     | Par Value                           |             |                    |
| 100                                                                                                                               |             | COMMON                                           | NO PAR                              |             |                    |

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



1 0 6 7 0 9

\*106709 DBC 01/13/04 09:26:39 AM\*

File Date 3/12/04

Check No. 9226

By: 18

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

STEVEN A. DUBOIS

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 2003

Filing 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

106709

STEVEN A. DUBOIS, INC.

3. Street Address Principal Business Office

181 Church St.

City

Bradford

State

RI

Zip

02808

4. Business Phone No.

377-8712

5. State of Incorporation

RHODE ISLAND

6. SIC Code

232

7. Brief Description of the Character of Business Conducted in Rhode Island

Plumbing, heating and air conditioning contractor

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

President Name

Steven A. Dubois

Street Address

181 Church St.

City

Bradford

State

RI

Zip

02808

Vice President Name

n/a

Street Address

City

State

Zip

Secretary Name

Steven A. Dubois

Street Address

181 Church St.

City

Bradford

State

RI

Zip

02808

Treasurer Name

Steven A. Dubois

Street Address

181 Church St.

City

Bradford

State

RI

Zip

02808

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

Director Name

Steven A. Dubois

Street Address

181 Church St.

City

Bradford

State

RI

Zip

02808

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



\* 1 0 6 7 0 9 \*

File Date:

3-14-03

Check No.:

8797

By:

DNF

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

Steven A. Dubois

Print or Type Name of Officer

President

Title of Officer

2-27-03

Date



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.

106709

2. Name of Corporation

STEVEN A. DUBOIS, INC.

3. Street Address Principal Business Office

181 Church St.

City

Bradford

State

RI

Zip

02808

4. Business Phone No.

377-8712

5. State of Incorporation

RHODE ISLAND

6. SIC Code

232

7. Brief Description of the Character of Business Conducted in Rhode Island

Plumbing, heating and air conditioning contractor

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

President Name

Steven A. Dubois

Vice President Name

N/A

Street Address

181 Church St.

Street Address

City

Bradford

State

RI

Zip

02808

City

State

Zip

Secretary Name

Steven A. Dubois

Treasurer Name

Steven A. Dubois

Street Address

181 Church St.

Street Address

181 Church St.

City

Bradford

State

RI

Zip

02808

City

Bradford

State

RI

Zip

02808

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

Director Name

Steven A. Dubois

Director Name

Street Address

181 Church St.

Street Address

City

Bradford

State

RI

Zip

02808

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



\* 1 0 6 7 0 9 \*

File Date: 4-23-02

Check No.: 8397

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.

Signature of Officer

Date

Steven A. Dubois

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

106709

2. Name of Corporation

STEVEN A. DUBOIS, INC.

3. Street Address Principal Business Office

181 Church St.

City

Bradford

State

RI

Zip

02808

4. Business Phone No.

377-8712

5. State of Incorporation

RHODE ISLAND

6. SIC Code

232

7. Brief Description of the Character of Business Conducted in Rhode Island

Plumbing, heating and air conditioning contractor

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

President Name

Steven A. Dubois

Vice President Name

N/A

Street Address

181 Church St.

Street Address

City

Bradford

State

RI

Zip

02808

City

State

Zip

Secretary Name

Steven A. Dubois

Treasurer Name

Steven A. Dubois

Street Address

181 Church St.

Street Address

181 Church St.

City

Bradford

State

RI

Zip

02808

City

State

Zip

Bradford

RI

02808

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

Director Name

Steven A. Dubois

Director Name

Street Address

181 Church St.

Street Address

City

Bradford

State

RI

Zip

02808

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



\* 1 0 6 7 0 9 \*

File Date: 4-12-01

Check No.: 8037

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.

[Signature] 4-6-01  
Signature of Officer Date

Steven A. Dubois  
Print or Type Name of Officer

President  
Title of Officer