



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 02903-1333
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 OR PRINTED IN BLACK)

1. Corporate ID No. 57409		2. Name of Corporation Double Ender Plumbing, Inc.			
3. Street Address: Principal Business Office BEACON HILL			City BLOCK ISLAND	State RI.	Zip 02807
4. Business Phone No. 401 466 2849		5. State of Incorporation RHODE ISLAND		6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD THIMBLE			Vice President Name MARGARET KENT		
Street Address P.O. BOX 947			Street Address P.O. BOX 947		
City BLOCK ISLAND	State RI.	Zip 02807	City BLOCK ISLAND	State RI.	Zip 02807
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DONALD THIMBLE			Director Name MARGARET KENT		
Street Address P.O. BOX 947			Street Address P.O. BOX 947		
City BLOCK ISLAND	State RI.	Zip 02807	City BLOCK ISLAND	State RI.	Zip 02807
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			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		600	ONE	NONE

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



FILED

File Date MAR 31 2005
Check No. By
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.

Margaret Kent 3/28/05
Signature of Officer Date

MARGARET KENT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 57409		2. Name of Corporation Double Ender Plumbing, Inc.			
3. Street Address Principal Business Office BEACON HILL			City BLOCK ISLAND	State RI.	Zip 02807
4. Business Phone No. 401 466 2849		5. State of Incorporation RHODE ISLAND		6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD THIMBLE			Vice President Name MARGARET KENT		
Street Address P.O. BOX 947			Street Address P.O. BOX 947		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI.	Zip 02807
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DONALD THIMBLE			Director Name MARGARET KENT		
Street Address P.O. BOX 947			Street Address P.O. BOX 947		
City BLOCK ISLAND	State RI.	Zip 02807	City BLOCK ISLAND	State RI.	Zip 02807
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			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	ONE	NONE

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



* 5 7 4 0 9 *

File Date 3/4/04
Check No. 7337
By: W.
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 Margaret Kent Date 3/2/04
Print or Type Name of Officer MARGARET KENT
Title of Officer VICE PRESIDENT



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. **57409** 2. Name of Corporation **Double Ender Plumbing, Inc.**

3. Street Address Principal Business Office **BEACON HILL BLOCK ISLAND RI 02807**

4. Business Phone No. **401 466 2849** 5. State of Incorporation **RHODE ISLAND** 6. City **02807**

7. Brief Description of the Character of Business Conducted in Rhode Island **0232 PLUMBING**

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

President Name DONALD THIMBLE	Vice President Name MARGARET KENT
Street Address P.O. BOX 947	Street Address P.O. BOX 947
City State Zip BLOCK ISLAND RI 02807	City State Zip BLOCK ISLAND RI 02807
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name DONALD THIMBLE	Director Name MARGARET KENT
Street Address P.O. BOX 947	Street Address P.O. BOX 947
City State Zip BLOCK ISLAND RI 02807	City State Zip BLOCK ISLAND RI 02807
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
600	ONE	NONE

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



* 5 7 4 0 9 *
5-2-03

File Date: _____
Check No.: **6806**
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.

Margaret Kent **3/25/03**
Signature of Officer Date

MARGARET KENT
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

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. **57409** 2. Name of Corporation **Double Ender Plumbing, Inc.**

3. Street Address Principal Business Office **BEACON HILL** City **BLOCK ISLAND** State **RI.** Zip **02807**
4. Business Phone No. **401 466 2849** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

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

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

President Name DONALD THIMBLE	Vice President Name MARGARET KENT
Street Address P.O. BOX 947	Street Address P.O. BOX 947
City BLOCK ISLAND RI. Zip 02807	City BLOCK ISLAND RI. Zip 02807
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name DONALD THIMBLE	Director Name MARGARET KENT
Street Address P.O. BOX 947	Street Address P.O. BOX 947
City BLOCK ISLAND RI. Zip 02807	City BLOCK ISLAND RI. Zip 02807
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
600 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
600 ONE NONE

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



File Date: 3/1
Check No.: 5818
By: CD

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: Margaret Kent Date: 2/22/01
Print or Type Name of Officer: MARGARET KENT
Title of Officer: Vice President



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **57409** 2. Name of Corporation **Double Ender Plumbing, Inc.**

3. Street Address Principal Business Office **BEACON HILL** City **BLOCK ISLAND** State **RI** Zip **02807**

4. Business Phone No. **401 466 2849** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

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

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

President Name DONALD THIMBLE	Vice President Name MARGARET KENT
Street Address P.O. BOX 947	Street Address P.O. BOX 947
City BLOCK ISLAND State RI Zip 02807	City BLOCK ISLAND State RI Zip 02807
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name DONALD THIMBLE	Director Name MARGARET KENT
Street Address P.O. BOX 947	Street Address P.O. BOX 947
City BLOCK ISLAND State RI Zip 02807	City BLOCK ISLAND State RI Zip 02807
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
600 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 5 7 4 0 9 *

File Date: ~~3-1~~ **2/28/00**
Check No.: **5584**
By: **RD**

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.
Margaret Kent **2/8/00**
Signature of Officer Date
MARGARET KENT
Print or Type Name of Officer
Vice President
Title of Officer



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. Corporate ID No. 57409	2. Name of Corporation Double Ender Plumbing, Inc.
3. Street Address Principal Business Office BEACON HILL	City BLOCK ISLAND
	State RI
	Zip 02807
4. Business Phone No. 401-466-2389	5. State of Incorporation RHODE ISLAND
6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING	

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

President Name DONALD G. THIMBLE	Vice President Name MARGARET KENT
Street Address P.O. BOX 947	Street Address P.O. BOX 947
City BLOCK ISLAND	City BLOCK ISLAND
State RI	State RI
Zip 02807	Zip 02807
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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
600 SHS NO PAR VAL			600	ONE	NONE

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



File Date: **4-20-99**
Check No.: **5134**
By: **AMF**
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: **Margaret Kent** Date: **4/5/99**
Print or Type Name of Officer: **MARGARET KENT**
Title of Officer: **VICE PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **57409** 2. Name of Corporation **Double Ender Plumbing, Inc.**
3. Street Address Principal Business Office **BEACON HILL** City **BLOCK ISLAND** State **RI.** Zip **02807**
4. Business Phone No. **401 466 2389** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**
7. Brief Description of the Character of Business Conducted in Rhode Island **PLUMBING**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name DONALD G. THIMBLE	Vice President Name MARGARET KENT
Street Address P.O. Box 947	Street Address P.O. Box 947
City BLOCK ISLAND State RI. Zip 02807	City BLOCK ISLAND State RI. Zip 02807
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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
600 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	ONE	NONE

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



* 5 7 4 0 9 *

File Date: 1-30-98
Check No.: 4589
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.

Margaret Kent 1/28/98
Signature of Officer Date
MARGARET KENT
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 57409		2. Name of Corporation Double Ender Plumbing, Inc.		
3. Street Address Principal Business Office BEACON HILL		City BLOCK ISLAND	State RI	Zip 02807
4. Business Phone No. 401 466 9849		5. State of Incorporation RHODE ISLAND		6. SIC Code 0232
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING				

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)				
President Name DONALD THIMBLE		Vice President Name MARGARET KENT		
Street Address P.O. BOX 947 BEACON HILL		Street Address P.O. BOX 947 BEACON HILL		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	Zip 02807
Secretary Name MARGARET KENT		Treasurer Name MARGARET KENT		
Street Address P.O. BOX 947 BEACON HILL		Street Address P.O. BOX 947 BEACON HILL		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	Zip 02807

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)				
Director Name DONALD THIMBLE		Director Name MARGARET KENT		
Street Address BEACON HILL		Street Address BEACON HILL		
City BLOCK ISL	State RI	Zip 02807	City BLOCK ISL	Zip 02807
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Par Value
600 SHS NO PAR VAL			600	ONE NO PAR VAL

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



File Date: 7/25/97
Check No.: 4214
By: COBA

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: Margaret Kent Date: 6-20-97
Print or Type Name of Officer: MARGARET KENT
Title of Officer: VICE PRESIDENT

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode 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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 57409		2. NAME OF CORPORATION Double Ender Plumbing, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE BEACON HILL P.O. BOX 947		CITY BLOCK ISLAND	STATE RI.	ZIP CODE 02807
4. BUSINESS PHONE NO. 401 466 2849	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 0232	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND PLUMBING				

8. NAMES AND ADDRESSES OF THE OFFICERS				
PRESIDENT NAME DONALD G. THIMBLE			VICE PRESIDENT NAME MARGARET KENT	
STREET ADDRESS BEACON HILL P.O. BOX 947			STREET ADDRESS BEACON HILL P.O. BOX 947	
CITY BLOCK ISLAND	STATE RI.	ZIP CODE 02807	CITY BLOCK ISLAND	STATE RI.
SECRETARY NAME			TREASURER NAME	
STREET ADDRESS			STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY	STATE

9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME DONALD G. THIMBLE			DIRECTOR NAME MARGARET KENT	
STREET ADDRESS			STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY	STATE
DIRECTOR NAME			DIRECTOR NAME	
STREET ADDRESS			STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY	STATE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL				

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: 1/2/96
Check No: 3471
By: *[Signature]*
For Secretary of State Use Only

Margaret Kent
Signature of Officer
MARGARET KENT
Print or Type Name of Officer
V. PRES.
Title of Officer
1-2-95
Date

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 FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0057403 Annual Report for the year: 1995

Name of Corporation: Double Ender Plumbing, Inc.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

PLUMBING

BEACON HILL ROAD

BLOCK ISLAND, RI 02807

Phone: (401) 466 2849

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>DONALD G. THIMBLE</u>	<u>P.O. BOX 947</u>	<u>BLOCK ISLAND RI</u>	<u>02807</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MARGARET KENT</u>	<u>P.O. BOX 947</u>	<u>BLOCK ISLAND RI</u>	<u>02807</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>" "</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>" "</u>	<u>" "</u>	<u>" "</u>	<u>" "</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>DONALD G. THIMBLE</u>	<u>P.O. BOX 947</u>	<u>BLOCK ISLAND RI</u>	<u>02807</u>
<u>MARGARET KENT</u>	<u>P.O. BOX 947</u>	<u>BLOCK ISLAND RI</u>	<u>02807</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>600</u>	<u>ONE</u>	<u>600</u>	<u>ONE</u>
<u>WITHOUT PAR VALUE</u>		<u>WITHOUT PAR VALUE</u>	

Date: 3-2 1995

By: Margaret Kent

PRINT OR TYPE NAME OF OFFICER SIGNING: MARGARET KENT

TITLE OF OFFICER SIGNING: V. PRES

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DONALD G. THIMBLE

BEACON HILL ROAD
 BLOCK ISLAND RI 02807

FILED

MAR 06 1995

By DL 3111

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE OR PRINT
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

CK# 3015 SD

File Annually
LLC Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 0057409 Annual Report for the year: 1994

Name of Business Entity: DOUBLE ENDER PLUMBING, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

BEACON HILL
BLOCK ISLAND, RI. 02807

Phone: (401) 466 2849

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed.

MARGARET KENT
P.O. Box 947
BLOCK ISLAND, RI. 02807

Brief statement of the character of business conducted in Rhode Island

plumbing

Date of Organization: 9-8-1989

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>DONALD G THIMBLE</u>	<u>BEACON HILL BLOCK ISLAND, RI</u>	<u>02807</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>MARGARET KENT</u>	<u>BEACON HILL BLOCK ISLAND, RI</u>	<u>02807</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	<u>u</u>	<u>u</u>	<u>u</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	<u>u</u>	<u>u</u>	<u>u</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>DONALD G THIMBLE</u>	<u>BEACON HILL</u>	<u>BLOCK ISLAND, RI</u>	<u>02807</u>
<u>MARGARET KENT</u>	<u>BEACON HILL</u>	<u>BLOCK ISLAND, RI</u>	<u>02807</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS ONE

SERIES

PAR VALUE OR WITHOUT PAR WITHOUT PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 600

CLASS ONE

SERIES

PAR VALUE OR WITHOUT PAR WITHOUT PAR VALUE

Date: 12-9-94

By: Margaret Kent

PRINT OR TYPE NAME OF OFFICER SIGNING: MARGARET KENT

TITLE OF OFFICER SIGNING: VICE PRESIDENT

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED
DEC 12 1994
By: DN

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

2601713

Corporate ID 0057409 Annual Report for the year 1993

FIRST: The name of the corporation is Double Ender Plumbing, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PLUMBING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 947 BEACON HILL
BLOCK ISLAND, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>DONALD G. THIMBLE</u>	President	<u>P.O. Box 947 BEACON HILL BLOCK ISLAND, RI.</u>
<u>MARGARET M. KENT</u>	Vice President	<u>P.O. Box 947 BEACON HILL BLOCK ISLAND, RI.</u>
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>ONE</u>		<u>all shares are to be without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>ONE</u>		<u>all shares are to be without par value</u>

Dated 12-3 19 93 Double Ender Plumbing, Inc.
(Name of Corporation)

By Margaret M. Kent
Title vice-president

(Report must be signed by an officer)

Filing Fee \$50.00

2226 1/2 To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0987409 Annual Report for the year 1992

FIRST: The name of the corporation is Double Ender Plumbing, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PLUMBING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 947 BEACON HILL
BLACK ISLAND, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Director

Director

Director

DONALD G. THIMBLE President Box 947 BEACON HILL, BLACK ISLAND, RI

MARGARET M. KENT Vice President Box 947 BEACON HILL, BLACK ISLAND, RI

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>ONE</u>		

ALL SHARES ARE TO BE WITHOUT PAR VALUE

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<u>600</u>	<u>ONE</u>		

ALL SHARES ARE TO BE WITHOUT PAR VALUE

PAID
DEC 23 1992
SECY OF STATE

Dated 11/18 19 92

Double Ender Plumbing, Inc.
(Name of Corporation)

By Margaret M. Kent

Title vice president

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

222696

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0057409 Annual Report for the year 1991

FIRST: The name of the corporation is Double Ender Plumbing, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PLUMBING

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BLACK ISLAND, RI 02807

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	Director	
	Director	
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<u>MARGARET M. KENT</u>	Vice President	<u>Box 947 BEACON HILL, BLACK ISLAND, RI</u>
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>ONE</u>		

PAID ALL SHARES ARE TO BE WITHOUT PAR VALUE

DEC 23 1992

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>ONE</u>		

ALL SHARES ARE TO BE WITHOUT PAR VALUE

Dated 12/18 19 92

Double Ender Plumbing, Inc.
(Name of Corporation)

By Margaret M. Kent

Title vice president

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

22439B

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0057409 Annual Report for the year 1990

FIRST: The name of the corporation is DOUBLE ENDER PLUMBING, Inc

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PLUMBING

FOURTH: If foreign corporation, address of its principal office

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BLOCK ISLAND, RI 00807

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	Director	
	Director	
<u>DONALD G. THIMBLE</u>	President	<u>Box 947 BEACON HILL, BLOCK ISLAND RI</u>
<u>MARGARET M. KENT</u>	Vice President	<u>Box 947 BEACON HILL, BLOCK ISLAND, RI</u>
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>ONE</u>	<u>PAID</u>	<u>ALL SHARES ARE TO BE WITH OUT PAR VALUE</u>
		<u>DEC 23 1992</u>	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>ONE</u>	<u>SEC'Y OF STATE</u>	<u>ALL SHARES ARE TO BE WITH OUT PAR VALUE</u>

Dated 11/18 19 92

Double Ender Plumbing, Inc
(Name of Corporation)

By Margaret M Kent

Title vice president

(Report must be signed by an officer)