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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
93512	Copperline Plumbing & Heating, Inc.			
3. Street Address Principal Business Office		City	State	Zip
2280 Division Road		East Greenwich	RI	02818
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 575-4123	RHODE ISLAND			232

7. Brief Description of the Character of Business Conducted in Rhode Island
TO COMPLETE PLUMBING AND HEATING SERVICES TO RESIDENTIAL,COMMERCIAL AND INDUSTRIAL CUSTOMERS.

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

President Name	Vice President Name
Jeffrey Lowe	Jeffrey Lowe
Street Address: 2280 Division Road	Street Address: Same
City: East Greenwich State: RI Zip: 02818	City: State: Zip:
Secretary Name: Jeffrey Lowe	Treasurer Name: Jeffrey Lowe
Street Address: Same	Street Address: Same
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	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 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 NO PAR VALUE	Common		600	Common	No Par

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

[redacted] [redacted]

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* 2/15/05

Jeffrey Lowe
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 2-17-05
Check No. 2520
By: MB

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
93512	Copperline Plumbing & Heating, Inc.			
3. Street Address Principal Business Office		City	State	Zip
3280 Division Road		East Greenwich	RI	02818
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-575-4123	RHODE ISLAND			232

7. Brief Description of the Character of Business Conducted in Rhode Island
TO COMPLETE PLUMBING AND HEATING SERVICES TO RESIDENTIAL,COMMERCIAL AND INDUSTRIAL CUSTOMERS.

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

President Name	Vice President Name
Jeffrey Lowe	Jeffrey Lowe
Street Address: 3280 Division Road	Street Address: Same
City: East Greenwich State: RI Zip: 02818	City: State: Zip:
Secretary Name	**Treasurer Name**
Jeffrey Lowe	Jeffrey Lowe
Street Address: Same	Street Address: Same
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	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 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 NO PAR VALUE	Common		600	Common	No Par

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

[redacted]

*935122

File Date 3/25/04
Check No. 2203
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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*

Jeffrey Lowe
Print or Type Name of Officer

President
Title of Officer

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

Edwards S. ... 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 93512
2. Name of Corporation: Copperline Plumbing & Heating, Inc.
3. Street Address Principal Business Office: 2280 Division Road
   City: East Greenwich State: RI Zip: 02818
4. Business Phone No.: 401-575-4123
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: Jeffrey Lowe	Vice President Name: Jeffrey Lowe
Street Address: 2280 Division Road	Street Address: Same
City: East Greenwich State: RI Zip: 02818	City: State: Zip:
Secretary Name: Jeffrey Lowe	Treasurer Name: Jeffrey Lowe
Street Address: Same	Street Address: Same
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:	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 AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	Common	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No Par

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

[redacted]

* 9 3 5 1 2 *

File Date: 1-29-03

Check No.: 1881

By: ICP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: [signature] Date: 1/29/03

Print or Type Name of Officer: JEFFREY LOWE

Title of Officer: PRESIDENT

5

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 93512
2. Name of Corporation: Copperline Plumbing & Heating, Inc.
3. Street Address Principal Business Office: 2280 Division Road
   City: East Greenwich State: RI Zip: 02818
4. Business Phone No.: 401-575-4123
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: Jeffrey Lowe
Street Address: 2280 Division Road
City State Zip

Vice President Name: Jeffrey Lowe
Street Address: Same
City State Zip

Secretary Name: Jeffrey Lowe
Street Address: Same
City State Zip

Treasurer Name: Jeffrey Lowe
Street Address: Same
City State Zip

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

Director Name
Street Address
City State Zip

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

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	Common	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Common	

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

* 9 3 5 1 2 *

File Date: 9.9.02

Check No.: 1714

By: [redacted]

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: [redacted] Date: 8/10/02

Print or Type Name of Officer: JEFF LOWE

Title of Officer: PRESIDENT

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93512
2. Name of Corporation: Copperline Plumbing & Heating, Inc.
3. Street Address Principal Business Office: 2280 DIVISION ROAD
City: EAST GREENWICH State: RI Zip: 02818
4. Business Phone No.: 401-575-4123
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: JEFF LOWE
Street Address: 2280 DIVISION ROAD
City: EAST GREENWICH State: RI Zip: 02818

Vice President Name: JEFF LOWE
Street Address: SAME
City: State: Zip:

Secretary Name: JEFF LOWE
Street Address: SAME
City: State: Zip:

Treasurer Name: JEFF LOWE
Street Address: SAME
City: State: Zip:

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

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

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

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No Par

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

[redacted] *93512

File Date: 2/8

Check No.: 1227

By: JL

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Print or Type Name of Officer

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 PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
93512	Copperline Plumbing & Heating, Inc.

3. Street Address Principal Business Office	City	State	Zip
2280 Division Road	East Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-375-4123	RHODE ISLAND	0232

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

Plumbing and Heating

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

President Name	Vice President Name
Jeff Lowe	Jeff Lowe
Street Address: 2280 Division Road	Street Address: Same
City: East Greenwich State: RI Zip: 02818	City: State: Zip:
Secretary Name	**Treasurer Name**
Jeff Lowe	Jeff Lowe
Street Address: Same	Street Address: Same
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	Director Name
None	
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 AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Common	$

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

[redacted]

93512

File Date: 1/20/00

Check No.: 880

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 1-15-00
Signature of Officer *Date*

Jeff Lowe
Print or Type Name of Officer

President
Title of Officer

Form 630 12/96

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 99

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93512

2. Name of Corporation Copperline Plumbing & Heating, Inc.

3. Street Address Principal Business Office 2280 Division Road
City East Greenwich *State* RI *Zip* 02818

4. Business Phone No. 401-575-4123

5. State of Incorporation Rhode Island

6. SIC Code 0232

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)*

President Name Jeffrey Lowe
Street Address 2280 Division Road
City East Greenwich *State* RI *Zip* 02818

Vice President Name Same
Street Address
City *State* *Zip*

Secretary Name Same
Street Address
City *State* *Zip*

Treasurer Name Same
Street Address
City *State* *Zip*

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

Director Name N/A
Street Address
City *State* *Zip*

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

Number of Shares	*Class/Series*	*Par Value*
600	No Par Value	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	Common	No Par Value

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

[redacted]

File Date: FEB 23 1999
Check No.: 617
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 2/12/99
Signature of Officer *Date*

JEFFREY LOWE
Print or Type Name of Officer

PRESIDENT
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

STOP
PLEASE READ INSTRUCTIONS

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.: 93512
2. Name of Corporation: Copperline Plumbing & Heating, Inc.
3. Street Address Principal Business Office: 2280 Division Road — City: East Greenwich — State: R.I. — Zip: 02818
4. Business Phone No.: 401-575-4123
5. State of Incorporation: RHODE ISLAND
6. IRS/SS No.: 06-1476682
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: Jeffrey Lowe			Vice President Name: SAME		
Street Address: 2280 Division Road			Street Address:		
City: E. Greenwich	State: RI	Zip: 02818	City:	State:	Zip:
Secretary Name: SAME			Treasurer Name: SAME		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

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 AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	COMMON	$0

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600		0

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

[redacted] * 9 3 5 1 2 *

File Date: 2.17.98
Check No.: 330
By: VP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 2/2/98

Print or Type Name of Officer: JEFF LOWE

Title of Officer: PRESIDENT

Form 31 12/96