

## 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

lling Period: January 1 FORM MUST BE TYPED OR PI	March I •	Filling Fee: \$50.00	RT FOR THE YEAR	200	
Corporate ID No.	2. Name of Corpo	ration			
93512		Plumbing & Heating, Inc			<u> </u>
Street Address Principal Busine 2380 Divi	· /		East Greenwich	State RI	02818
Business Phone No.	1)7	5. State of Incorporati			6 SIC Code
(401) 575 - 41 Brief Description of the Character	ter of Business Conducti	RHODE ISLAN		<del></del>	232
NAMES AND ADDRESS	ES OF THE OFFIC		Vice President Name Jeffey Lowe	STRIAL CUSTOMERS.	G ATTACHMENTS
2280 Dwiston	Road		Street Address		-
Fast Greenich	State RT	21p 028/8	city Same	State	Zip
Creury Name		1020.0	Treasurer Name		
Jeffray Low	re		Jeffra Lou	e.	
nxt Address			Sircei Address		
<u>Jame</u>	State	Zip	cio Same	lean-	· · · · · · · · · · · · · · · · · · ·
•		·	City.	State	<i>Ztp</i>
v nctor Name	State	Zip 1	City:	State	Zip
ect Address			Director Name		
			Street Address		' '.
y-	State	Zip	City	State	Zip
. SHARES AUTHORIZED	) ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHI	MENT)
mber of Shares	Claus/Serge	Par Value	Number of Shares	Chaz/Serlis	ixir Value
600 NO PAR VALUE	Common		600	Camman	No Br
le Date	isigned in ink by	cither the President, Vice	including any accompany contained herein fre tru  Signature of Officer	y, I declare and affirm that nying schedules and state e and correct.	at I have examined this represents, and that all statements.
FOR SECRETARY OF S	TATE USE ONLY		President Tille of Officer		
		<del></del>			Form 630 Rev 12/03



FOR SECRETARY OF STATE USE ONLY

## 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 BIACK) 1. Corporate ID No. 2. Name of Corporation 93512 Copperline Plumbing & Heating, Inc. 3. Street Address Principal Business Office State 2280 Division Greenwill O2818 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401 · 575 - 4123 RHODE ISLAND 7. Binef 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 Vice President Name Jeffre Lowe Street Address Street Address State City State Zip Secretary Name )effse WW Street Address Street Address City State ZIP City State 7.40 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 Cuy State $Z_{ip}$ Director Name Street Address Street Address City State Zip City State Zip10. 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 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 Signature Date Check No.

Title of Officer

Zamura S. ... Is secretary by Suite

Torporations 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 PRINT)  1. Corporate ID No.	TED IN BLACK)  2. Name of Corpora	tion			
93512	•	Plumbing & Heating, Inc	•		
3. Street Address Principal Business	Office	riamoning & rieating, inc	·· City	State	Zip
2280 Division			Foot Consumitation	RI	02818
4. Business Phone No. 401-575-4123		5. State of Incorporatio			6. SIC Gode
7. Brief Description of the Characte Plumbing & Hea		RHODE ISLAN in Rhode Island	ID.		232
8. NAMES AND ADDRES President Name Jeffrey Lowe	SES OF THE OFF	ICERS (*X* BOX FOR ATTA	ACHMENT) FILL IN SPACES BI Vice President Name Jeffrey Lowe	EFORE USING ATTAC	CHMENTS
Street Address 2280 Division	Road		Street Address Same		
cuy East Greenwich	State RI	<sup>Zip</sup> 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 ADDRES Director Name	SES OF THE DIRI	ECTORS ("X" BOX FOR AT	ITACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
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 AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	י
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE	Common		600	CommoN	No Br

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

Title of Officer

	* 9 3 5 1 2 *
File Date:	1 29 03
Check No.:	188)
By:	ICP
FOR SECRETAR	Y OF STATE USE ONLY

1 188/18 18184 19181 81181 11818 11818 1181

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



232

Filling Period: January 1-March 1 • Filing Fee: \$50.00 (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 ZIp 3380 Division East Greenwich 09818 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 401-575-4123 7. Brief Description of the Character of Business Conducted in Rhode Island Mumbing + Heating 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS President Name Jettrey 2280 Secretary Name City State 7.10 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 Director Name Director Name Street Address Street Address City State Zip 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 COMMON

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.

Print or Type Name of Officer

BESLOENT

Form 630 12/01

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

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

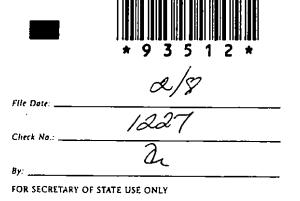
(FORM MUST BE TYPED IN BLACK)

1. Carporate III No. 512

2. Name of Councilon Plumbing & Heating, Inc.

3. Street Address Principal Business	Office		City	State	Zip
2280 DIVISION RO	)AD		EAST GREENWICH	RI	0281
4. Business Phone No.  401-575-4123		s. Ripod prograd			6. SI <b>Q32</b>
7. Brief Description of the Characte PLUMBING & HEATI		in Rhode Island	· .		-
8. NAMES AND ADDRES President Name  JEFF LOWE	SES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES B Vice President Name JEFF LOWE	EFORE USING ATTA	CHMENTS
Street Address 2280 DIVISION RO	)AD		Street Address SAME		
EAST GREENWICH	State RI	7.1p 028 <b>1</b> 8	City	State	ZIp
iecretary Name JEFF LOWE			Treasurer Name JEFF LOWE		
street Addréss SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Dity  9. NAMES AND ADDRES Director Name		·		State  BEFORE USING ATT	·
9. NAMES AND ADDRES		·	ATTACHMENT) FILL IN SPACES	•	·
9. NAMES AND ADDRES Director Name		·	ATTACHMENT) FILL IN SPACES Director Name	•	·
9. NAMES AND ADDRES Director Name Street Address	SES OF THE DIR	ECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPACES  Director Name  Street Address	BEFORE USING ATI	TACHMENTS
9. NAMES AND ADDRES Director Name Street Address City Director Name	SES OF THE DIR	ECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPACES  Director Name  Street Address  City	BEFORE USING ATI	TACHMENTS
9. NAMES AND ADDRES Director Name litreet Address Director Name	SES OF THE DIR	ECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name	BEFORE USING ATI	TACHMENTS
9. NAMES AND ADDRES Director Name Sitreet Address	SES OF THE DIR	ECTORS (*X* BOX FOR Zip	ATTACHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address	S BEFORE USING ATT	Zip
O. NAMES AND ADDRES Director Name itreet Address Director Name itreet Address City O. SHARES AUTHORIZE	SES OF THE DIR	ECTORS (*X* BOX FOR Zip	ATTACHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*x	S BEFORE USING ATT	Zip

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 sontained herein are true and correct. Print or Type Name of Officer Title of Officer

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

PROFIT CORI	ORATION y J-March I •	ANNUAL REP	ORT FOR THE	YEAR <u>2000</u>	
FORM MUST BE TYPED IN BL	ACK)				
1. Corporate II) No.	2. Name of Corpora	tion			
93512		e Plumbing & Heat	ing, Inc.		
3. Street Address Principal Busines	s Office		City	State	Zip
JUSO DIVIS 1. Business Phone No.		5. State of Incorporation	East Greenwich	RI	0281 6. SIC Code
401-\$75-4123 7. Brief Description of the Charact	er of Business Conducted (	RHODE ISLAND			०३३३
Plumbing ares. NAMES AND ABORE	rd Heafing SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI	FORE USING ATTACH	MENTS
President Name			Vice President Name		
Jeff Lowe	^ '		Jeff Lowe Sireel Address		
2280 Division East Greenwich	on Road	Zip	Same	State	Zip
East Greenwich	h RI	02818			
resently source			Treasurer Name		
Jeff Lowe			Jeff Lowe Street Address		
Same			Same		
Stry	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRI	ECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES B	SEFORE USING ATTAC	HMENTS
	None				
treet Address	<i>,,,,,</i>		Street Address		
City -	State	Zip	City	State	Zip
Olrector Name			Director Name		
treet Address			Street Address		
Tity	State	Zip	City	State	Zip
O. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X" E	30X FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO 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 3 5 1 2 * //20/00
Check No.:	880
By:	2
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and	affirm that I have examined
this report, including any accompanying	ng schedules and statements, and
that all statements contained herein ar	e true and correct.
-H/ Lon	1-15-00
Stepotor of cyficer	Date
Print or Type Name of Officer	·····

2. Name of Corporation

1. Corporate ID No.

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

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

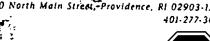
(FORM MUST BE TYPED IN BLACK)

93512	Copperlin	e Plumbing &	Heating, Inc.		
3. Street Address Principal Business 0 2280 Division R	oad .		East Greenwich	State RI	21p 02818
1. Business Phone No. 401-575-4123		5. State of Incorporation Rhode Islan	nd		6. SIC Cade 0232
7. Brief Description of the Character of Plumbing & Heat		e Island			
B. NAMES AND ADDRESS	ES OF THE OFFICERS	S ("X" BOX FOR ATTACHA			
resident Name Jeffrey Lowe			Vice President Name		
itreet Address			Same Street Address		
2280 Division R	oad				
East Greenwich	State R I	<sup>Zip</sup> 02818	City	State	Zip
Same			Trensurer Name Same		
treet Address			Street Address		
Diry	State	Zip	City	State	Zip
9. NAMES AND ADDRESS. Director Name N/A	ES OF THE DIRECTO	RS ("X" BOX FOR ATTAC	HMENT) Director Name		•
treet Address			Street Address		
Elty	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
Dity	State	Zip	City	State	Zip
IO. SHARES AUTHORIZED	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*X* 86	OX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 No Par Valu	e		600	Common	No Par Value
his report must be signe	<b>d in ink</b> by either th	ne President, Vice Pr	esident, Secretary, Assistan	t 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
ile Date:	that all statements contained herein are true and correct.
theck No.:	Signature of Officer Dute Dute
OR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  PICE SOUNT Title of Officer

(FORM MUST BE TYPED IN BLACK)

fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335







J. Corporate ID No.  93512		2. Name of Corporation Copperline Plumbing & Heating, Inc.				
3. Street Address Principal Business (2280 Division Road)	Office 1		East Greenwich	₹"I.	<sup>zi</sup> 02818	
4. Business Phone No. 401-575-4123		5. State of Incorpor	ration LAND		06 <u>*1</u> 476682	
7. Brief Description of the Character Plumbing	of Business Conducted	i in Rhode Island				
8. NAMES AND ADDRESS	SES OF THE OF	FICERS (*X* BOX FOR A	ATTACHMENT)			
President Name Jeffrey Lowe			Vice President Name SAME			
2280 Division Ro	oad		Street Address			
E. Greenwich	State RI	ď2818	City	State	Zip	
Secretary Name SAME			SAME Name			
Street Address	•		Street Address			
City	State	Zip	City	State	ZIp	
9. NAMES AND ADDRESS Director Name	ES OF THE DIF	RECTORS ("X" BOX FO	R ATTACHMENT) 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 AUTHORIZED SHARES	) ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMEN	NT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE	COMMON	\$0	600		0	
		•			-	

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

Title of Officer

	* 9 3 5 1 2 *
	2.17.98
File Date:	0,11,-10
Check No.:	380
Ву:	VOP
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I decla	are and affir	rm that I have examined
this report, including any accom	ipanylng sch	hedules and statements, an
that all statements contained he	rein are true	e and correct.
Me low		2/2/98
Stanger of Office	Lowe	bord
Print or Type Name of Officer		
PRESI	)IA1 <u>/</u>	