



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. 105817		2. Name of Corporation A & L Plumbing, Inc.			
3. Street Address Principal Business Office 36 Grove Ave			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-348-2162		5. State of Incorporation RHODE ISLAND		6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF PROVIDING PLUMBING AND HEATING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Antoch			Vice President Name Michael Loffler		
Street Address 2 Westview Dr			Street Address 17 Putker Rd		
City Westerly	State RI	Zip 02891	City N. Stonington	State CT	Zip 06378
Secretary Name Kerilynn Antoch			Treasurer Name		
Street Address 2 Westview Dr			Street Address		
City Westerly	State RI	Zip 02891	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			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) <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
1,000	\$0.01 PAR VALUE		0		

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



File Date: 2-5-05
Check No.: 4747
By:

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
Kerilynn Antoch
Print of Type Name of Officer
Secretary
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. 105817		2. Name of Corporation A & L Plumbing, Inc.			
3. Street Address Principal Business Office 2 WESTVIEW DR.			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-996-1162		5. State of Incorporation RHODE ISLAND		6. SIC Code 0232	
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF PROVIDING PLUMBING AND HEATING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN ANTOCH			Vice President Name MICHAEL LOFFLER		
Street Address 2 WESTVIEW DR.			Street Address 36 GROVE AVE.		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
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 NA			Director Name NA		
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) <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
1,000	Common	\$0.01	1000	Common	.01

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



* 1 0 5 8 1 7 *

File Date 2.9.04
Check No. 4427
By: ILP
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.

Stephen Antoch _____
Signature of Officer Date
Stephen Antoch
Print or Type Name of Officer
Secretary
Title of Officer



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. **105817** 2. Name of Corporation **A & L Plumbing, Inc.**
3. Street Address Principal Business Office **36 GROVE AVENUE** City **WESTERLY** State **RI** Zip **02891**
4. Business Phone No. **401-348-2162** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232 0**

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

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

President Name STEPHEN ANTOCH	Vice President Name MICHAEL LOFFLER
Street Address 2 WESTVIEW DRIVE	Street Address 36 GROVE AVENUE
City WESTERLY State RI Zip 02891	City WESTERLY State RI Zip 02891
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 N/A	Director Name N/A
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	Class/Series	Par Value
Number of Shares		
1,000 \$0.01 PAR VALUE	COMMON	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
1,000	COMMON	.01

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: **4-25-03** **3/1/03**
 Check No.: **4130** **Stephen Antoch**
 By: **2** **president** **Kerilyn Antoch**
 Title of Officer: **Secretary**



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) 222-3140



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. **105817**
2. Name of Corporation **A & L Plumbing, Inc.**
3. Street Address Principal Business Office
36 GROVE AVENUE
4. Business Phone No. **401-348-2162**
5. State of Incorporation
RHODE ISLAND

City **WESTERLY** State **RI** Zip **02891**
6. SIC Code **02328**

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

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

President Name **STEPHEN ANTOCH**
Street Address **2 WESTVIEW DRIVE**
City **WESTERLY** State **RI** Zip **02891**

Vice President Name **MICHAEL LOFFLER**
Street Address **36 GROVE AVENUE**
City **WESTERLY** State **RI** Zip **02891**

Secretary Name
Street Address
City State Zip

Treasurer Name
Street Address
City State Zip

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

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

Director Name **N/A**
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
1,000 \$0.01 PAR VALUE COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 COMMON .01

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



* 1 0 5 8 1 7 *

FILED

File Date: **NOV 27 2002**

Check No. **201195686**

By **[Signature]**

FOR SECRETARY OF STATE USE ONLY

[Signature]
Stephen Antoch 11/26/02
President

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 **11/10/02**

Print or Type Name of Officer

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. <u>105817</u>		2. Name of Corporation <u>A & L PLUMBING, Inc.</u>			
3. Street Address Principal Business Office <u>36 GROVE AVE.</u>			City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
4. Business Phone No. <u>401-348-2162</u>		5. State of Incorporation <u>RI</u>		6. SIC Code <u>0232</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>PLUMBING & HEATING CONTRACTOR</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>STEPHEN ANTOCH</u>			Vice President Name <u>MICHAEL LOFFLER</u>		
Street Address <u>2 WESTVIEW DR.</u>			Street Address <u>36 GROVE AVE</u>		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
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 checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
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) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>.01</u>	<u>1000</u>	<u>Common</u>	<u>.01</u>

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

FILED

File Date: NOV 01 2001

Check No.: By SC 80

By: 272097

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.

Stephen Antoch 10/1/01
Signature of Officer Date

STEPHEN ANTOCH
Print or Type Name of Officer

President
Title of Officer



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. **105817**
2. Name of Corporation **A & L Plumbing, Inc.**
3. Street Address Principal Business Office
36 GROVE AVE
4. Business Phone No. **348-2162** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING

City **WESTERLY** State **RI** Zip **02891**
6. SIC Code

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

President Name **STEPHEN ANTOCH**
Street Address **2 Westview Dr**
City **Westerly** State **RI** Zip **02891**
Secretary Name **Kerilynn Antoch**
Street Address **2 Westview Dr**
City **Westerly** State **RI** Zip **02891**

Vice President Name **MICHAEL LOFFLER**
Street Address **36 Grove Ave**
City **Westerly** State **RI** Zip **02891**
Treasurer Name
Street Address
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
1,000 \$.01 PAR VALUE

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



* 1 0 5 8 1 7 *

File Date: **2/28/00**
Check No.: **3155**
By: **ac**

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.

X **Kerilynn Antoch** **2/11/00**
Signature of Officer Date
Kerilynn Antoch
Print or Type Name of Officer
Secretary
Title of Officer