



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. 108722		2. Name of Corporation Polaris Plumbing and Heating, Inc.			
3. Street Address Principal Business Office 5 APPLE BLOSSOM DRIVE			City JOHNSTON	State RI	Zip 02919-
4. Business Phone No 4012332456		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF PLUMBING AND HEATING SYSTEMS TO COMMERCIAL AND RESIDENTIAL CONSUMERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas F. Scawthorn			Vice President Name Catherine A. Scawthorn		
Street Address 5 Apple Blossom Dr			Street Address 5 Apple Blossom Dr		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Catherine A. Scawthorn			Treasurer Name Catherine A. Scawthorn		
Street Address 5 Apple Blossom Dr			Street Address 5 Apple Blossom Dr		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("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
400	NO PAR VALUE		NONE		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					

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



1 0 8 7 2 2

108722 DBC 02/16/05 02:02:34 PM

File Date: 2-18-05

Check No: 108722

By: KB-

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.

Catherine A. Scawthorn 2/16/05
Signature of Officer Date
Catherine A. Scawthorn
Print or Type Name of Officer
VP
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 108722		2. Name of Corporation Polaris Plumbing and Heating, Inc.			
3. Street Address Principal Business Office 5 Apple Blossom Dr			City Johnston	State RI	Zip 02919
4. Business Phone No 233-2456		5. State of Incorporation RHODE ISLAND		6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF PLUMBING AND HEATING SYSTEMS TO COMMERCIAL AND RESIDENTIAL CONSUMERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas Scawthorn			Vice President Name Catherine A. Scawthorn		
Street Address 5 Apple Blossom Dr			Street Address 5 Apple Blossom Dr		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Catherine A. Scawthorn			Treasurer Name Catherine A. Scawthorn		
Street Address 5 Apple Blossom Dr			Street Address 5 Apple Blossom Dr		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
400 NO 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 8 7 2 2 *

File Date 2/6/04

Check No. 1085

By: SC

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.

Catherine A. Scawthorn 2/4/04
Signature of Officer Date

Catherine A. Scawthorn
Print or Type Name of Officer

VP
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. **108722**
2. Name of Corporation **Polaris Plumbing and Heating, Inc.**
3. Street Address Principal Business Office
5 Apple Blossom Dr
4. Business Phone No. **233-2456**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Johnston** State **RI** Zip **02919**
6. SIC Code **232**

sales + service + installation of plbg + htg systems to commercial + residential consumers.

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

President Name **Thomas Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

Vice President Name **Catherine A. Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

Secretary Name **Catherine A. Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

Treasurer Name **Catherine A. Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

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

Director Name **None**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 NO 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 8 7 2 2 *

File Date: **2/7/03**
Check No.: **1755**
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.

Catherine A. Scawthorn 2/6/03
Signature of Officer Date
Catherine A. Scawthorn
Print or Type Name of Officer
VP
Title of Officer



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. **108722** 2. Name of Corporation **Polaris Plumbing and Heating, Inc.**

3. Street Address Principal Business Office **5 Apple Blossom Dr** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **233-2456** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
sales + service of plbg + htg systems to commercial + residential consumers

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

President Name **Thomas Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

Vice President Name **Catherine A. Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

Secretary Name **Catherine A. Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

Treasurer Name **Catherine A. Scawthorn**
Street Address **5 Apple Blossom Dr**
City **Johnston** State **RI** Zip **02919**

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

Director Name **None**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 NO 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 8 7 2 2 *

File Date: 3-11-02
Check No.: 1583
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.

Catherine A. Scawthorn 2/28/02
Signature of Officer Date
Catherine A. Scawthorn
Print or Type Name of Officer

VP
Title of Officer
5



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. **108722** 2. Name of Corporation **Polaris Plumbing and Heating, Inc.**

3. Street Address Principal Business Office City State Zip

4. Business Phone No. **5 Apple Blossom Dr** 5. State of Incorporation **Johnston RI 02919**
233-2456 **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
sales & service of plbg & htg systems to commercial & residential consumers

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

President Name	Thomas Scawthorn	Vice President Name	Catherine A. Scawthorn
Street Address	5 Apple Blossom Dr.	Street Address	5 Apple Blossom Dr.
City	Johnston RI 02919	City	Johnston RI 02919

Secretary Name	Catherine A Scawthorn	Treasurer Name	Catherine A Scawthorn
Street Address	5 Apple Blossom Dr	Street Address	5 Apple Blossom Dr.
City	Johnston RI 02919	City	Johnston RI 02919

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

Director Name	none	Director Name	none
Street Address	none	Street Address	none
City		City	
Director Name	none	Director Name	none
Street Address	none	Street Address	none
City		City	

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 NO 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



File Date: 3/1
Check No.: 1405
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.

Catherine A Scawthorn 2/27/01
Signature of Officer Date
Catherine A. Scawthorn
Print or Type Name of Officer
Vice Pres, Sec, Treas.
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. **108722** 2. Name of Corporation **Polaris Plumbing and Heating, Inc.**
3. Street Address Principal Business Office **5 Apple Blossom Dr.** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **401 233-2456** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**

7. Brief Description of the Character of Business Conducted in Rhode Island
install & repair plumbing & heating

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

President Name Thomas Scawthorn Street Address 5 Apple Blossom Dr. City Johnston State RI Zip 02919	Vice President Name Catherine Scawthorn Street Address 5 Apple Blossom Dr. City Johnston State RI Zip 02919
Secretary Name Catherine Scawthorn Street Address 5 Apple Blossom Dr. City Johnston State RI Zip 02919	Treasurer Name Catherine Scawthorn Street Address 5 Apple Blossom Dr. City Johnston State RI Zip 02919

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

Director Name none Street Address none City _____ State _____ Zip _____	Director Name none Street Address none City _____ State _____ Zip _____
Director Name none Street Address none City _____ State _____ Zip _____	Director Name none Street Address none City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares **none** Class/Series Par Value

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



* 1 0 8 7 2 2 *

File Date: 3-1-00
Check No.: 1003
By: RJD

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.

Catherine A. Scawthorn 2/29/00
Signature of Officer Date
Catherine A. Scawthorn
Print or Type Name of Officer
Vice Pres.
Title of Officer