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			
129823	H K HEATING INC			
3. Street Address Principal Business Office: 114 HopKins Hollow Rd	City: Greene	State: RI	Zip: 02827	
4. Business Phone No.: 401 397 3316	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 0232	

7. Brief Description of the Character of Business Conducted in Rhode Island: TO OPERATE A HEATING COMPANY. ALL PHASES OF THE HEATING INDUSTRY.

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

President Name: Harold Kitchen	Vice President Name: N/A
Street Address: 114 HopKins Hollow Rd	Street Address:
City: Greene State: RI Zip: 02827	City: State: Zip:
Secretary Name: ~~SAME~~ N/A	Treasurer Name: ~~SAME~~ N/A
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: Harold Kitchen	Director Name: N/A
Street Address: 114 HopKins Hollow Rd	Street Address:
City: Greene State: RI Zip: 02827	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)*** ☐ **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*
500 NO PAR VALUE			500	N/A	NO PAR VALUE

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.

Harold C Kitchen — 1-20-05
Signature of Officer *Date*

Harold C. Kitchen
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 1/25/05
Check No. 545
By: DA
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 IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
129823	H K HEATING INC			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
114 Hopkins Hollow Road		Greene	RI	02827
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
401-397-3316	RHODE ISLAND			0232

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A HEATING COMPANY. ALL PHASES OF THE HEATING INDUSTRY.

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

President Name			*Vice President Name*		
Harold C. Kitchen			N/A		
Street Address			*Street Address*		
114 Hopkins Hollow Road					
City	*State*	*Zip*	*City*	*State*	*Zip*
Greene	RI	02827			
Secretary Name			*Treasurer Name*		
Harold C. Kitchen			Harold C. Kitchen		
Street Address			*Street Address*		
114 Hopkins Hollow Road			114 Hopkins Hollow Road		
City	*State*	*Zip*	*City*	*State*	*Zip*
Greene	RI	02827	Greene	RI	02827

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

Director Name			*Director Name*		
Harold C. Kitchen					
Street Address			*Street Address*		
114 Hopkins Hollow Road					
City	*State*	*Zip*	*City*	*State*	*Zip*
Greene	RI	02827			
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*
500 NO PAR VALUE			500		NO PAR VALUE

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

[redacted] 1 2 9 8 2 3

129823 DBC 01/20/04 11:02:42 AM
File Date 1-23-04
Check No. 229
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.

Harold C. Kitchen 1-21-04
Signature of Officer *Date*

Harold C. Kitchen
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01