



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. 81532		2. Name of Corporation D. LARSEN & SON, INC.	
3. Street Address Principal Business Office 2 HUCKELBERRY COURT		City WARWICK	State RI
4. Business Phone No. 4014636318		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island HEATING/AIR CONDITIONING/REFRIGERATION REPAIR AND INSTALLATION			6. SIC Code 232

8. NAMES AND ADDRESSES OF THE OFFICERS (SEE INSTRUCTIONS) <input type="checkbox"/> OR BY BOX FOR ATTACHMENT <input type="checkbox"/> (SEE INSTRUCTIONS) <input type="checkbox"/>			
President Name David R. Larsen		Vice President Name David R. Larsen	
Street Address 2 Huckelberry Court		Street Address 2 Huckelberry Court	
City Warwick	State RI	City Warwick	State RI
Secretary Name Laurie Larsen		Treasurer Name	
Street Address 2 Huckelberry Court		Street Address	
City Warwick	State RI	City	State
Zip 02888		Zip	

9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE INSTRUCTIONS) <input type="checkbox"/> OR BY BOX FOR ATTACHMENT <input type="checkbox"/> (SEE INSTRUCTIONS) <input type="checkbox"/>			
Director Name David R. Larsen		Director Name	
Street Address 2 Huckelberry Court		Street Address	
City Warwick	State RI	City	State
Zip 02888		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	

10. SHARES AUTHORIZED (SEE INSTRUCTIONS) <input type="checkbox"/> OR BY BOX FOR ATTACHMENT <input type="checkbox"/>			11. SHARES ISSUED (SEE INSTRUCTIONS) <input type="checkbox"/> OR BY BOX FOR ATTACHMENT <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		500	common	NPV

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



8 1 5 3 2

81532|DBC 05/03/05 12:58:46 PM
FILED
Date: **MAY 31 2005**
By: **M67648**
R. 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.

David R. Larsen
Signature of Officer _____ Date _____
David R. Larsen
Print or Type Name of Officer
President
Title of Officer



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. 81532		2. Name of Corporation D. LARSEN & SON, INC.			
3. Street Address Principal Business Office 2 HUCKELBERRY COURT			City WARWICK	State RI	Zip 02888
4. Business Phone No. 4014636318		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island HEATING/AIR CONDITIONING/REFRIGERATION REPAIR AND INSTALLATION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David R. Larsen			Vice President Name David R. Larsen		
Street Address 2 Huckelberry Court			Street Address 2 Huckelberry Court		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Laurie Larsen			Treasurer Name		
Street Address 2 Huckelberry Court			Street Address		
City Warwick	State RI	Zip 02888	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 David R. Larsen			Director Name		
Street Address 2 Huckelberry Court			Street Address		
City Warwick	State RI	Zip 02888	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"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			500	common	NPV
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

SECRETARY OF STATE
CORPORATIONS DIVISION
MAY 19 2005 1:08 PM

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



8 1 5 3 2

81532 DBC 05/12/05 12:58:46 PM

FILED

File Date _____

Check No. MAY 31 2005

By: MB 7648

FOR SECRETARY OF STATE USE ONLY GMB

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.

David R. Larsen

Signature of Officer _____ Date _____

David R. Larsen

Print or Type Name of Officer

President

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. **81532** 2. Name of Corporation **D. LARSEN & SON, INC.**
3. Street Address Principal Business Office **2 Huckelberry Court** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
Heating/air conditioning/refrigeration repair and installation.

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

President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888 Secretary Name Laurie Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	Vice President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888 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 David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	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	COMM NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	common	NPV

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



* 8 1 5 3 2 *

File Date: 7-18-03
Check No.: 3971
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 schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 7/15/03
David R. Larsen
Print or Type Name of Officer
President
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. **81532** 2. Name of Corporation **D. LARSEN & SON, INC.**
3. Street Address Principal Business Office **2 Huckelberry Court** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

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

Heating/air conditioning/refrigeration repair and installation.

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

President Name David R. Larsen	Vice President Name David R. Larsen
Street Address 2 Huckelberry Court	Street Address 2 Huckelberry Court
City Warwick State RI Zip 02888	City Warwick State RI Zip 02888
Secretary Name Laurie Larsen	Treasurer Name
Street Address 2 Huckelberry Court	Street Address
City Warwick State RI Zip 02888	City State Zip

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

Director Name David R. Larsen	Director Name
Street Address 2 Huckelberry Court	Street Address
City Warwick State RI Zip 02888	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	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
500	Common	NPV

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



* 8 1 5 3 2 *

File Date: 5-1-02
Check No.: 3344
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.

[Signature] 1/30/02
Signature of Officer Date
David R. Larsen
Print or Type Name of Officer
President
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. **81532** 2. Name of Corporation **D. LARSEN & SON, INC.**

3. Street Address Principal Business Office **2 Huckelberry Court** City **Warwick** State **RI** Zip **02888**

4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. Signature **[Signature]**

7. Brief Description of the Character of Business Conducted in Rhode Island
Heating/air conditioning/refrigeration repair and installation.

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

President Name David R. Larsen	Vice President Name David R. Larsen
Street Address 2 Huckelberry Court	Street Address 2 Huckelberry Court
City State Zip Warwick RI 02888	City State Zip Warwick RI 02888

Secretary Name Laurie Larsen	Treasurer Name
Street Address 2 Huckelberry Court	Street Address
City State Zip Warwick RI 02888	City State Zip

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

Director Name David R. Larsen	Director Name
Street Address 2 Huckelberry Court	Street Address
City State Zip Warwick RI 02888	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	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
500	common	NPV

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



* 8 1 5 3 2 *

File Date: 5-21-01
Check No.: 2785
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.
Signature of Officer: [Signature] Date: 5/15/07
Print or Type Name of Officer: David R. Larsen
Title of Officer: President



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. **81532** 2. Name of Corporation **D. LARSEN & SON, INC.**
3. Street Address Principal Business Office **2 Huckelberry Court** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

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

heating/air conditioning/refrigeration repair and installation

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

President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888 Secretary Name Laurie Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	Vice President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888 Treasurer Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888
--	---

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

Director Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	Director Name Street Address City State Zip Director Name Street Address City State Zip
---	--

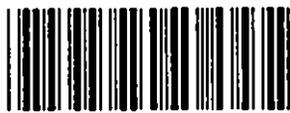
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	common	NPV

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



* 8 1 5 3 2 *

File Date: 3-15-00
Check No.: 2333
By: RD

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.

David R. Larsen
Signature of Officer Date
David R. Larsen
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81532** 2. Name of Corporation **D. LARSEN & SON, INC.**

3. Street Address Principal Business Office
2 Huckelberry Court City **Warwick** State **RI** Zip **02888**

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

7. Brief Description of the Character of Business Conducted in Rhode Island
heating/air conditioning/refrigeration repair and installation

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

President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	Vice President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888
Secretary Name Laurie Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	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 David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	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	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
500	common	NPV

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



File Date: Feb 23, 1999
Check No.: 1633
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.

Signature of Officer: [Signature] Date: 2/18/99
David R. Larsen
Print or Type Name of Officer: President
Title of Officer



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. **81532** 2. Name of Corporation **D. LARSEN & SON, INC.**

3. Street Address Principal Business Office **2 Huckelberry Court** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**

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

Heating/Air Conditioning/Refrigeration Repair and Installation

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	Vice President Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888
Secretary Name Laurie Larson Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	Treasurer Name Street Address City _____ State _____ Zip _____

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

Director Name David R. Larsen Street Address 2 Huckelberry Court City Warwick State RI Zip 02888	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 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	Common	NPV

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



File Date: 2.23.98
Check No.: 847
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.

[Signature] 2/23/98
Signature of Officer Date
David R. Larsen
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81532** 2. Name of Corporation **D. LARSEN & SON, INC.**
3. Street Address Principal Business Office **2 Huckelberry Court** City **Warwick** State **RI** Zip **02888**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**

7. Brief Description of the Character of Business Conducted in Rhode Island
Heating/Air Conditioning/Refrigeration Repair and Installation

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name **David R. Larsen** Vice President Name **David R. Larsen**
Street Address **2 Huckelberry Court** Street Address **2 Huckelberry Court**
City **Warwick** State **RI** Zip **02888** City **Warwick** State **RI** Zip **02888**
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)
Director Name **David R. Larsen** Director Name _____
Street Address **2 Huckelberry Court** Street Address _____
City **Warwick** State **RI** Zip **02888** City _____ State _____ Zip _____
Director Name _____ Director Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			500	Common	NPV

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



File Date: 6/2/97
Check No.: 204
By: GAH
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 [Signature] Date 5/10/97
David R. Larsen
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 81532		2. NAME OF CORPORATION D. LARSEN & SON, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 44 Crestwood Drive		CITY West Warwick,	STATE RI		
		ZIP CODE 02893			
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION RHODE ISLAND			
		6. SIC CODE 0232			
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Heating/Air Conditioning/Refrigeration Repair and Installation					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME David R. Larsen		VICE PRESIDENT NAME David R. Larsen			
STREET ADDRESS 44 Crestwood Drive		STREET ADDRESS 44 Crestwood Drive			
CITY West Warwick,	STATE RI	ZIP CODE 02893	CITY West Warwick		
			STATE RI		
			ZIP CODE 02893		
SECRETARY NAME		TREASURER NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
			STATE		
			ZIP CODE		
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME David R. Larsen		DIRECTOR NAME			
STREET ADDRESS 44 Crestwood Drive		STREET ADDRESS			
CITY West Warwick	STATE RI	ZIP CODE 02893	CITY		
			STATE		
			ZIP CODE		
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
			STATE		
			ZIP CODE		
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS COMM NO PAR VAL			500	Common	NPV

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.

David R. Larsen
Signature of Officer

David R. Larsen
Print or Type Name of Officer

President
Title of Officer

File Date:

4/30/96

Check No:

1874

By:

CS

For Secretary of State Use Only

Date



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0081532 Annual Report for the year: 1995

Name of Corporation: D. LARSEN & SON, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:
Heating/Air conditioning/Refrigeration
repair and installation

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

44 Crestwood Drive
West Warwick R.I. 02893

Phone: (401) 821-1225

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT David R. Larsen	44 Crestwood Drive	West Warwick RI	02893
VICE PRESIDENT David R. Larsen	44 Crestwood Drive	West Warwick RI	02893
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David R. Larsen	44 Crestwood Drive	West Warwick RI	02893

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1,000	Common	500	Common

Date September, 1995

By: David R. Larsen
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAID
 KID 1490
 OCT 18 1995
 SECY OF STATE