



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

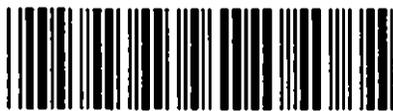
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11 containing corporate information for Sasa Brothers, Inc. including address, officers, directors, and share information.

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: 1/10/05
Check No.: 5628
By: [Signature]

Signature of Officer: [Signature]
Date: 1/4/05
Print or Type Name of Officer: Bachar Sasa
Title of Officer: President

FOR SECRETARY OF STATE USE ONLY



**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. 111033		2. Name of Corporation SASA BROTHERS, INC			
3. Street Address Principal Business Office 20 Scituate Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 934-0020		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTOR, GENERAL CONSTRUCTION, HOME IMPROVEMENT, MECHANICAL CONTRACTOR, HEATING, VENTILATION, AIR CONDITIONING, REFRIGERATION, SHEET METAL DUCT WORK, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ( "X" BOX FOR ATTACHMENT ) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bachar Sasa			Vice President Name Ayman Sasa		
Street Address 36 Hopkins Avenue			Street Address 83 Deerfield Drive		
City Johnston	State RI	Zip 02919	City West Warwick	State RI	Zip 02893
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 Bachar Sasa			Director Name Ayman Sasa		
Street Address 36 Hopkins Avenue			Street Address 83 Deerfield Drive		
City Johnston	State RI	Zip 02919	City West Warwick	State RI	Zip 02893
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
6,000	\$1.00 PAR VALUE				

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



\* 1 1 1 0 3 3 \*

File Date 2/17/04  
Check No. 3910  
By: W  
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 Bachar Sasa Date 2/12/04  
Print or Type Name of Officer Bachar Sasa  
Title of Officer President



**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. 111033 2. Name of Corporation SASA BROTHERS, INC  
3. Street Address Principal Business Office 36 HOPKINS AVE City JOHNSTON State RI Zip 02919  
4. Business Phone No. (401) 934-0020 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
HEATING, AIR CONDITIONING, HOME IMPROVEMENT

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

President Name <u>BACHAR SASA</u> Street Address <u>36 HOPKINS AVE</u> City <u>JOHNSTON</u> State <u>RI</u> Zip <u>02919</u> Secretary Name <u>BACHAR SASA</u> Street Address <u>36 HOPKINS AVE</u> City <u>JOHNSTON</u> State <u>RI</u> Zip <u>02919</u>	Vice President Name <u>BACHAR SASA</u> Street Address <u>36 HOPKINS AVE</u> City <u>JOHNSTON</u> State <u>RI</u> Zip <u>02919</u> Treasurer Name <u>BACHAR SASA</u> Street Address <u>36 HOPKINS AVE</u> City <u>JOHNSTON</u> State <u>RI</u> Zip <u>02919</u>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>          </u> State <u>          </u> Zip <u>          </u>	Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>          </u> State <u>          </u> Zip <u>          </u>
Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>          </u> State <u>          </u> Zip <u>          </u>	Director Name <u>NONE</u> Street Address <u>NONE</u> City <u>          </u> State <u>          </u> Zip <u>          </u>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
6,000 \$1.00 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 1 1 0 3 3 \*

File Date: 2.18.03  
Check No.: 3146  
By: UP

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.

Bachar Sasa 1/30/03  
Signature of Officer Date  
BACHAR SASA  
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. **111033** 2. Name of Corporation **SASA BROTHERS, INC**  
 3. Street Address Principal Business Office **36 HOPKINS AVE** City **JOHNSTON** State **RI** Zip **02919**  
 4. Business Phone No. **(401) 934-0070** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0237**  
 7. Brief Description of the Character of Business Conducted in Rhode Island **Home IMPROVEMENT & HVAC Contractor.**

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

President Name <b>BACHAR SASA</b>	Vice President Name <b>NONE</b>
Street Address <b>36 HOPKINS AVE</b>	Street Address <b>NONE</b>
City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>
Secretary Name <b>NONE</b>	Treasurer Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>

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

Director Name <b>BACHAR SASA</b>	Director Name <b>NONE</b>
Street Address <b>36 HOPKINS AVE</b>	Street Address <b>NONE</b>
City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>	City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b>

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

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**6,000 \$1.00 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 1 1 0 3 3 \*

File Date: 6-3-02  
 Check No.: 2348  
 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] Date Feb/25/02  
 Signature of Officer Date

BACHAR SASA  
 Print or Type Name of Officer

Pres.  
 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. **111033** 2. Name of Corporation **SASA BROTHERS, INC**

3. Street Address Principal Business Office **36 Hopkins ave** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **(401)934-1346** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**HEATING, VENTILATION, air conditioning, refrigeration, Home improvement contractor**

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

President Name <b>BACHAR SASA</b>	Vice President Name <b>BACHAR SASA</b>
Street Address <b>36 Hopkins ave</b>	Street Address <b>36 Hopkins ave</b>
City <b>Johnston</b> State <b>RS</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RS</b> Zip <b>02919</b>
Secretary Name <b>BACHAR SASA</b>	Treasurer Name <b>BACHAR SASA</b>
Street Address <b>36 Hopkins ave</b>	Street Address <b>36 Hopkins ave</b>
City <b>Johnston</b> State <b>RS</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RS</b> Zip <b>02919</b>

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**6,000 \$1.00 PAR VALUE 6000.00**

**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



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File Date: 8-23-01  
Check No.: 2023  
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 2/10/01

Print or Type Name of Officer BACHAR SASA  
Title of Officer President