

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 02203-1335 401 222 3040

Form 630 12/01

(FORM MUST BE TYPED IN B Corporate ID No	2. Name of Corpo				
109541		ne Plumbing & Heating C	o., Inc.		
3 Street Address Principal Busin 101 COMSTOCK PKWY			City CRANSTON	State	Zıp
4 Business Phone No	, 315 20	5 State of Incorporation	CRAINSTON	RI	02921-
4017859610		RHODE ISLAND			6 SIC Code 232
7 Brief Description of the Chara TO PROVIDE PLUMBING	cter of Business Con	iducted in Rhode Island			232
			CONTRACTOR OF THE ASSE		
President Name	CS OF THE OFF	FICERS ("X" BOX FOR ATTA	CHMENT) FILL IN S Vice President Name	SPACES BEFORE USING A	TTACHMENTS
Steven B. Carbone			Benjamin S. Ca	arbone	
Street Address			Street Address		
18 Hi-View Drive			141 Lakeview I	Orive	
City	State	Zip	Cuy	State	Zip
Scituate	RI	02831	Cranston	RI	02910
Secretary Name			Treasurer Name		
Steven B. Carbone			Steven B. Carb	one	
Street Address			Street Address		
18 Hi-View Drive			18 Hi-View Dri	ve	
City	State	Zıp	City	State	Zip
Scituate	RI	02831	Scituate	RI	02831
Director Name	<i></i>	ECTORS ("X" BOX FOR AT	Director Name	OFACES BEFORE CSING	ALIACIMENTS
Street Address			Street Address		
Cirv.	Stat e	Zıp	City	State	Ζφ
Director Name			Director Name		
Street Address			Street Address		
Dity.	State	Zıp	Cuy	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT) 🗌	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	√n 🗆
AUTHORIZED SHARES	.	• "	ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Cluss/Scries	Par Value
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	in the try current		meent, Sectioning, Maai	sium secretary, Treust	arer, Receiver or Trusie
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			this report including	rjury, I declare and affirm g any accompanying sched	inat i nave examined
*100541 DDC 01/14/05	10:04:00 DM	 7 '		nts contained herein are true	
*109541 DBC 01/14/05	_				
File Date 2-14-0	<u>ر</u>	-	Same.	36alfre	2-7-05
Theck No 6083		·	Signature of Officer	<u> </u>	Date
**************************************		-	Steven B. C		
3rc LM			Print or Type Name o	10/1yer - 12	1
OD SUCDETABLE OF STREET	iee axu y		President S	Vews 6d	Elbre
OR SECRETARY OF STATE U	ISE UNLY		Title of Officer	,	Form 630 12/0



FOR SECRETARY OF STATE USE ONLY

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

Office of the Secretary of State 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 109541 S.B. Carbone Plumbing & Heating Co., Inc. 3. Street Address Principal Business Office City State Zip 101 Comstock Parkway, Suite 26 Cranston RI 02921 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-785-9610 Rhode Island 0232 7. Brief Description of the Character of Business Conducted in Rhode Island to provide plumbing and heating services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Steven B. Carbone Benjamin S. Carbone Street Address Street Address 18 Hi-View Drive 141 Lakeview Drive City State Zip City State Zip Scituate RI 02831 Cranston RI 02910 Secretary Name Treasurer Name Steven B. Carbone Steven B. Carbone Street Address Sirect Address 18 Hi-View Drive 18 Hi-View Drive State Zip City State Zip Scituate RI 02831 Scituate RI 02831 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Cirv State Zip City State Zio Director Name Director Name Street Address Street Address City State Zip City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Closs/Series Par Value Number of Shares Class/Series Par Value 2,000 Common No Par Value 2,000 Common No Par Value. 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. Signature of Officer Date Check No. Steven B. Carbone

Print or Type Name of Officer

Form 630 12/01

President

Title of Officer



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



	ary 1-march 1	Filing ree: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corp	poration			
109541	S.B. (Carbone Plumbing	& Heating Co.	, Inc.	
3. Street Address Principal Busin	ness Office	• •	City	State	Zip
101 Comstoo	ck Parkway,	Suite 26	Cranston	RI	02921
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-785-96	10	Rhode Isla	nd		232
7. Brief Description of the Char	acter of Business Conduct	ed in Rhode Island			
to provide	plumbing a	and heating serv	ices.		
8. NAMES AND ADDR President Name	ESSES OF THE O	FFICERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
Steven B. (Carbone		Benjamin S.	Carbone	
Street Address		•	Street Address		
18 Hi-View	Drive		141 Lakevie	w Drive	
City	State	Zip	City	State	Zlp
Scituate	RI	02831	Cranston	RI	02910
Secretary Name	•		Treasurer Name		02510
Steven B. (Carbone		Steven B. Ca	arhone	
Street Address			Street Address	1120110	
18 Hi-View	Drive		18 Hi-View D)rive	
City	State	Zip	City	State	71.
Scituate	RI	02831	Scituate	RI	21p 03831
9. NAMES AND ADDR Director Name	ESSES OF THE DI	RECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
City	State	2.1p	City	State	Zip
Director Name		· .	Director Name		·
treet Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZ	ZED (*X* BOX FOR A	TTACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	common	no par value	2,000	common	no par value
his report must be sig	gned in ink by e	ther the President, Vice F	resident, Secretary, Assis	stant Secretary, Treasu	

"lle Date;	2-28-03	
Check No.:	4156	
3y:	2.	
OR SECRETAR	RY 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.

2-2403 Date Signature of Officer

Steven B. Carbone
Print or Type Name of Officer

President

Title of Officer **←**> s

Form 640 17/01



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2002
Filing Period	l. lanuary 1_March 1 .	Villag Fac. 850				- 2711	

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN	, n	3			INSTRUCTIONS
1. Corporate II) No.	BLACK) 2. Name of Corpo	tration	· • • • · · · · · · · · · · · · · · · ·		
109541	•		In a		
3. Street Address Principal Busin	a.b. Carbi ess Office	one Plumbing & Heating Co.	, INC. City		
	k Parkway,	Suite 26	•	State	Zip
4. Business Phone No.	m rurkwuy,	5. State of Incorporation	Cranston	RÏ	02921
401-785-963	0	RHODE ISLAND			6. SIC Code
7. Brief Description of the Chara	cter of Business Conducted	i in Rhode Island			232
		nd heating servi	ices.		
8. NAMES AND ADDR	ESSES OF THE OF	FICERS ("X" BOX FOR ATTACH		EFORE USING ATTACI	
President Name		TO THE CALL OF THE PARTY OF	. Vice President Name	EFORE USING ATTAC	HWEN12
Steven B. C	Carbone		Benjamin S.	Carbone	
Street Address		•	Street Address	•	•
18 Hi-View	Drive		141 Lakevie	w Drive	
City	State	Zip	City	State	Zip
Scituate	RI	02831	 Providence 	RI	02910
Secretary Name		** * * * * * * * * * * * * * * * * * * *	Treasurer Name	** * ** ** ** ** **	
Steven B. C	arbone		Steven B. Ca	arbone	
Street Address	D:		Street Address		
18 Hi-View		•	18 Hi-View I	Drive	
Scituate	State	Zip	City	State	Zip
	RI	02831	Scituate	RI	02831
9. NAMES AND ADDRI Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC		BEFORE USING ATTA	CHMENTS
			Director Name		
iteet Address			e		
			Street Address		•
lity	State	Zip	. City	Cr	1
		···•	· Ony	State	Zip
Director Name	•	* * * * * * * * * * * * * * * * * * *	Director Name		
treet Address			Street Address		
City:	State	Zip	City	State	Zip
					•
O. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	FACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)	
UTHORIZED SHARES			. ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR \	/ALUE		2,000	common	no par value
			•		par value
			t		

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



2.28.02

heck No.: 292 6

n______ Ze

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.

Slew 3 Carre 2-3

Signature of Officer

Steven B. Carbone
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORI	PORATION ry 1-March 1 •	ANNUAL REI Filing Fee: \$50.00	PORT FOR TH	E YEAR 2001	STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BI	LACK)	·			ASTROCTIONS
1. Corporate ID No.	2. Name of Corporat	•			
109541 3. Street Address Principal Busine	ss Office	rbone Plumbing	& Heating Co.	, Inc. State	Zip
101 Comstock 1. Business Phone No.	Parkway, S	uite 26 5. State of Incorporation	Cranston	· RI	02921 6. SIC Cade
401-785-9610 7. Brief Description of the Charac		Rhode Isla	nd		0232
to provide p B. NAMES AND ADDRE President Name	clumbing and sses of the office	heating servi CERS (*x* BOX FOR ATTACE		BEFORE USING ATTAC	CHMENTS
Steven B. Car	bone		Benjamin S. (Carbone	,
18 Hi-View Dr	ive		141 Lakeview	Drive	•
City	State	Zip	City	State	Zip
Scituate	RI	02831	Providence	RI	02910
Georetary Name Steven B. Ca	rhone		Treasurer Name	-h	
itreet Address	Loone		Steven B. Car	enone	
18 Hi-View D	rive		18 Hi-View D	rive	
City	State	Zip	· City	State	Zip
Scituate	RI	02831	Scituate	P RI	02831
P. NAMES AND ADDRE Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		• •	Director Name		• • • •
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED (*x* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMENT	רי
lumber of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
2,000	common	no par valu	e 2,000	common	no par value
		* ** **		· •	<u> </u>
his report must be sig	ned in ink by eithe	er the President, Vice P	resident, Secretary, Assi	stant Secretary, Treasi	arer, Receiver or Trustee
			Under penalty of per	jury, I declare and affirm	n that I have examined
- /			this report, including	g any accompanying sch	edules and statements, and

FOR SECRETARY OF STATE USE ONLY

ints contained herein are true and correct.

Signature of Officer

Steven B. Carbone

Print or Type Name of Officer President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: Janua	ary 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corpo	ration		•	
109541 3. Street Address Principal Busin	ness Office		ing & Heating Co.	State	21p
101 Comstoc	k Parkway, S		Cranston	RI	02921
4. Business Phone No.	•	5. State of Incorporation	.		6. SIC Code 0 2 3 2
401-785-961	-	Rhode Isl	Land		0232
7. Brief Description of the Char					
-	-	d heating servi	and the second s		
8. NAMES AND ADDE President Name	RESSES OF THE OF	FICERS ("X" BOX FOR ATTA	CHMENT) Vice President Name		
Steven B. C	arhone		Benjamin S.	Carbone	
Street Address	arbone		Street Address		
18 Hi-View	Drive		141 Lakeviev	v Drive	
City	State	Zip	City	State	Zip
Scituate	RI	02831	Providence	RI	02910
Secretary Name			Treasurer Name		••
Steven B. C.	arbone		Steven B. Ca	arbone	
Street Address 18 Hi-View	Drive		Street Address 18 Hi-View I	Drive	
City	State	Zip	City	State	Zip
Scituate	RI	02831	Scituate	RI	02831
	RESSES OF THE DI	RECTORS ("X" BOX FOR AT			
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 AUTHORI	IZED ("X" BOX FOR A	ITACHMENT)	11. SHARES ISSUED (**)	* BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
2000	common	no par value	2,000	common	no par value
		-			

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

	1 11 00	
File Date:	2-16-00	
Check No :	9594	
By:	AMF	
FOR SECRETA	ARY 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.

Date Signature of Officer

Steven B. Carbone Print or Type Name of Officer

President

Title of Officer