

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Edward S. Inman, III, Secretary of State

July 16, 2001

S.B. Carbone Plumbing & Heating Co., Inc. 101 Comstock Parkway, Ste. 26 Cranston, RI 02921

Re:

ID 109541

S. B. Carbone Plumbing & Heating Co., Inc.

Dear Sir or Madam:

Our records indicate that a double payment was accepted and deposited from the abovereferenced corporation for the filing of the 2001 Annual Report.

As a result, the corporation is entitled to a refund. Enclosed is an instruction sheet that outlines the procedure to obtain a refund. Also enclosed is the latter of the two annual reports filed, this being the report for which payment is to be refunded and a copy of the annual report that we have retained for record.

If you have any questions regarding the procedure or if we can be of assistance, please contact the undersigned at (401) 222-3040.

Very truly yours,

CORPORATIONS DIVISION

Maureen E. Ewing

Assistant to the Director

Enc.

100 North Main Street

Providence

Rhode Island

02903-1355

Corporations/UCC:

401-222-3040

Fax. 401-222-1309

Elections:

401-222-2340

Fax: 401-222-1444

First Stop Business

Information Center: 401-222 2185

Fax: 401-222-3890

Notary/Trademarks:

401-222-1487

Fax: 401-222-3879

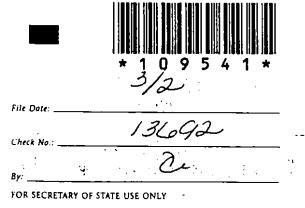
www.state.rl.us

Corporations Division 130 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January I-March 1 • Filing Fee: \$50.00

	MUST BE TYPED IN BLA						
1. Carp	arate ID No	2. Name of Corporation				<u> </u>	
2 50000	109541 T Address Principal Business		ne Plumbing & H	eating Co., Inc.	•		
J. J				City	State	Zìp	
4. Busi	ness Phone No.	k Parkway,	Suite 26 S. State of Incorporation	Cranston	ير ۲۰۰	02921 6. SIC Code	
7. Brief	401)785–96 (401) Description of the Character		RHODE ISLAND Rhode Island				
8. NA	AMES AND ADDRES	plumbing an SES OF THE OFFIC	d heating ser	VICES.	EFORE USING ATTAC	CHIMENTS	
Preside	nt Name		an BB N	Victor Name	-		
Street A	Steven B. C	arbone		Benjamin S. Street Address	. Carbone		
City	18 Hi-View	Drive State	Zip	141 Lakevie	ew Drive	Zip	
Secretai	Scituate ry Name	RI	02921	Providence Treasurer Name	RI	02910	
Street A	Steven B. C	arbone		Steven B. C	Carbone		
	18 Hi-View Drive			18 Hi-View Drive			
	io ur-Arem	D = 1, V C					
City		State	Zip	City	State	Zip	
City	Scituate		^{Zip} 029 2 1			zip 02921	
9. NA	Scituate	State RI		City Scituate ACHMENT) FILL IN SPACES	State	02921	
9. NA	Scituate AMES AND ADDRESS	State RI SES OF THE DIREC	02921	cuy Scituate	State RI	02921	
9. NA Director	Scituate MES AND ADDRES Name N	State RI	02921	City Scituate ACHMENT) FILL IN SPACES	State RI	02921	
9. NA Director Street A	Scituate MES AND ADDRES Name N	State RI SES OF THE DIREC	02921	City Scituate ACHMENT) FILL IN SPACES Director Name	State RI	02921	
9. NA Director Street A	Scituate MES AND ADDRES Name No ddress	State RI SES OF THE DIREC	02921 CTORS (*X* BOX FOR ATTA	City Scituate ACHMENT) FILL IN SPACES Director Name Street Address	State RI BEFORE USING ATTA	02921 ACHMENTS	
9. NA Director Street A	Scituate MMES AND ADDRESS Name No ddress	State RI SES OF THE DIREC	02921 CTORS (*X* BOX FOR ATTA	City SCITUATE ACHMENT) FILL IN SPACES Director Name Street Address City	State RI BEFORE USING ATTA	02921 ACHMENTS	
9. NA Director Street A City Director	Scituate MMES AND ADDRESS Name No ddress	State RI SES OF THE DIREC	02921 CTORS (*X* BOX FOR ATTA	City Scituate ACHMENT) FILL IN SPACES Director Name Street Address City Director Name	State RI BEFORE USING ATTA	02921 ACHMENTS	
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9. NA Director Street A City Director Street A City 10. SI AUTHOR	Scituate MMES AND ADDRESS Name No ddress Nume ddress HARES AUTHORIZE	State RI SES OF THE DIRECT ONE State State D (*x* BOX FOR ATTACE	02921 CTORS (*X* BOX FOR ATTA Zip Zip	City Scituate ACHMENT) FILL IN SPACES Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*X**)	RI BEFORE USING ATTA State State	02921 ACHMENTS Zip	
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Date

Steven B. Carbone Print or Type Name of Officer

President

Title of Officer

<u>.</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



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

109541

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN					Remocnois	
1. Corporate ID No.	2. Name of Corporat	,				
109541	S.B. Ca	rbone Plumbing	& Heating Co.	_ Inc.		
3. Street Address Principal Busin	ness Office		City	State	Zip	
101 Comstoc	k Parkway, S		Cranston	· RI	02921	
4. Business Phone No.		5. State of incorporation		· · · · · · · · · · · · · · · · · · ·	6. SIC Code	
401-785-9610 Rhode Islan			<u>d</u>		0232	
7. Brief Description of the Chara				··································		
to_provide_	plumbing and	heating servic	es.			
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACHM	ENT) TILL IN SPACES	BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
Steven B. Ca	rbone		Benjamin S. (Carbone		
Street Address			Street Address			
18 Hi-View D	rive		141 Lakeview	Drive	•	
City	State		City	State	Zip	
Scituate	;RI	02831	Providence	: RI	02910	
Secretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •		
Steven B. C.	arbone		Steven B. Carbone			
Street Address			Street Address			
18 Hi-View	Drive		18 Hi-View Drive			
City	State	Zip	City	State	Zip	
Scituate	RI	02831	Scituate	R RI	, 02831	
9-NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTACE	MENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS	
Director Name			Director Name	·		
Street Address			Street Address			
City	State	71.				
,	31412	Zip	Cliy	State	Zip	
Director Name	······	······	Director Name		············	
- · · · · · · · · · · · · · · · · · · ·			Director Name			
Street Address			: Street Address			
		;	5 ,		Zip	
10. SHARES AUTHORI	7FD (*Y* BOY SOR ATTA	CHOVENED ==	11. SHARES ISSUED (*	 	!	
AUTHORIZED SHARES	- DON TON MITTA	CIM-ENTY	ESUED SHARES	X BOX FOR ATTACHMENT	<u>/ .:</u>	
Number of Shares	Class/Series	Por Value	Number of Shares	Class/Series	Par Value	
			The state of the s	Cimas / DELISCS		
2,000	common	no par value	2,000	common	no par valu	
·					- I Par vara	
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File Date:	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.
Check No.: 1884	Signature of Officer Steven BanCarbone
By: FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President
TON PERIODICAL OF STATE OF ORDI	Title of Officer Form 630 12/00