

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporatti

Form 630 Rev

Matthew A. Brown, Secretary of State	Providence, RI
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005

Filing Period: January 1 - Ma (FORM MUST BE TYPED OR PRINT		Fee: \$50,00	TOR THE YEAR	2000	<u></u>
1. Corporate ID No. 73356	2 Name of Corporation Stedman & Kazo	unis Plumbing & Heating	ng Co., Inc.		<del></del>
3. Street Address Principal Business Of 10 Crossland 4. Business Phone No.	Street		Charlestown	Siate R I	Z4 0281
401 364 988	ر 9ر	5. State of Incorporation		. <del></del>	6 SIC Code
7. Brief LOUMBING AND HEATING	Business Conducted in Ri	RHODE ISLAND			232
8. NAMES AND ADDRESSES OF President Name William L.  Street Address 9 Lady Sli  City Charlestown  Secretary Name Amy F. St  Street Address Q Lady S  City Charlestown  City Charlestown		("X" BOX FOR ATTAC 17, Jr. 12, 02813 24, 02813	Street Address  A4 Churc  City Penro Dale  Treasurer Name  AWY Stead  Street Address  City Churlestown	State RI  State RI  State RI  State RI  ACES BEFORE USING	nis eet  zip moc
Sircei Address			Street Address		<del></del>
City	State	Zip	City	State	Zip
Director Name		J	Director Name	l	
Street Address			Street Address		
City	State	Ζψ	City:	State	Zip
10. SHARES AUTHORIZED ( AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHE	 MENT)    
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Scries	Par Value
600 NO PAR VALUE			none		
File Date  Check No.  By:  FOR SECRETARY OF STATE	ORATIONS OIL STATE	The President, Vice President,	Under penalty of perjury, including any accompany contained herein are true  Signature of Office  Print or Type Name of Office  Title of Officer	I declare and affirm the ring schedules and state and correct.  Stedman	at I have examined



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State -

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

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. 2 Name of Corporation Stedman & Kazounis Plumbing & Heating Co., Inc. 73356 3. Street Address Principal Business Office 12813 5 State of Incorporation 6 SIC Code RHODE ISLAND 232 7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING AND HEATING. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name WiL Sireei Address State 028/3 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 City State City State Director Name Director Name Street Address ecet Address City State Z.ip State Zф 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series **600 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. File Date Check No. By:

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

STOP PI: AN: R(AD INSIRE CHONS	)
INTRUTION	J

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 73356 Stedman & Kazounis Plumbing & Heating Co., Inc. 3. Street Address Principal Business Office 02813 6. SIC Code 4. Business Phone No. S. State of Incorporation 401. 364. 9888 RHODE ISLAND 232 7. Brief Description of the Character of Business Conducted in Rhode Island Service 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name William L. Stedman In William ), Kazounis Lady Slipper LN 02813 02813 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 City State Director Name Director Name Street Address Street Address City Zıp State Zip 10. SHARES AUTHORIZED (\*x\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTINORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series **600 NO PAR VALUE** 0

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

**≪**∵35. 5

	* 7 3 3 5 6 *
File Date.	4.30.03
Check No.:	1768
Ву:	ICP
	OF STATE USE ONLY

Under pe	nalty of p	erjury, I declare	and affirm that I h	ave examined
this repor	rt, includ	ing any accompa	nying schedules an	d statements, and
that all st	tatements	contained hereit	n are true and corre	ect.
1	<b>и</b>	11-1	2/2	1/12

any I Stedman	2/25/03	
Signature of Officer	Date	
Hmy F. Stedman		
Print or Troe Name of Officer		

Print or Type Name of Officer				
0				
Secretary				
<u> </u>			- —	_
Title of Officer				

Form 630 12/02

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2002

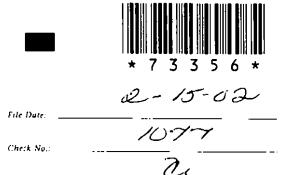
STOP PET SSE READ (NS. RECTIONS

Filing Period: January	1-March 1 •	Filing Fee: \$50.00	OKI TOK THE	ILAK	PETASE F (NSTRUC)
(FORM MUST BE TYPED IN BLA	CK)				
1 Corporate ID No	2. Name of Corpora	tion			
73356	Stedman & I	Kazounis Plumbing & Hea	ting Co., Inc.		
3. Street Address Principal Business		<del>.</del>	City	State	Lip
9 LARY SLIP	PER LN		CHARLESTOW	1 71	02813
4 Business Phone No.		5 State of Incorporation		717	6. SIC Code
401 . 364. 9	888 of Business Canducted ii	RHODE ISLAND n Rhode Island	,		232
SERVICE	+ CONSTR	MCTIONS ON	NEW/EXIST	TNG CUC	TOWARD C
8. NAMES AND ADDRES			HMENT) FILE IN SPACES B	EFORE USING ATTAC	CHMENTS
President Name		,	Vice President Name		
WILLIAM L-	STEDM	an	WILLIAM J	. KAZOUN	is
CHARLESTOWN	PPER L	√ Zip		State	<i>a</i> .
CHARLESTOWN	"" RI	028 13	PEACEDALE	<b>%</b> アノ	Zip
Secretary Name			Treasurer Name	_	,
Amy F. ST Street Address	EDWAN		AMY F	STEDMAN	,
9 LADY SLIF	PPER LI	N	9 2404	SHOPER	LH
City	State	Zip	Crty	State	Zip
CHARLESTOWA	<b>K</b> /	02813	CHARLESTOWN	L AC.	02813
9. NAMES AND ADDRES: Director Name	SES OF THE DIRE	ECTORS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPACES  Director Name	BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*x	" BOX FOR ATTACHMEN	T)
AUTHORIZZED SHARES	-		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

600

5 5



600 NO PAR VALUE

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.

Common

Signature of officer Date

SEC TRES.

Form 630 12/01

No par value

(FORM MUST BE TYPED IN BLACK)

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

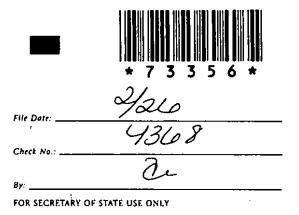
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PIJAM, READ INSTRUCTIONS

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

73356	Stedman &		ng & Heating Co.,	Inc.	
3. Street Address Principal Business			City	State	Zip
9 Lady Slip			Charlestown	RI	02813
4. Business Phone No.	•	5. State of Incorporation			6. SIC Code <b>232</b>
401 364-9	888	RHODE ISLAND			232
7. Brief Description of the Characte	r of Business Conducted in	Rhode Island	فلعام مسمط المريد والأرو	0.0	
services 7	L heating .	Lphinbing repu	riks and Remodeli	''à '	•
8. NAMES AND ADDRES President Name	SSES OF THE OFFIC	CERS (*X* BOX FOR ATTACH	Vice President Name	FORE USING ATTAC	HMENTS
William L. Street Address	Stedman.	Je.	William J. K	4 20VNI S	
9 Lady Slip	per Lane		144 Church	i St.	
City	State <b>B</b> l	02813	City	State R. 1	Zip 12502
Charles to w A	<b>3</b> .≻(	0200	Tlaca Walls Treasurer Name	K I	00005
Amy F. Stedi	ma.o			tedman	:
Street Addless			Street Address		•
9 Lady Slippe		•	9 Lady Slips	per LN	,
chorles town	State P1	zip 028/3	Charlestow N.	State R1	02813
9. NAMES AND ADDRES Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
William L. Ste Street Address	edman, Jr.		Amy F. Stedma Street Address	n .	
Nine Lady Slip	oper Lane	Zip	Nine Lady Sli	pper Lane	Zip
Charlestown Director Name	RI	02813	Charlestown Director Name	RI .	02813
William J. Kaz Street Address	zounis		Street Address		
144 Church Str	eet				
City	State	Zip	City	State	Zip
Peace Dale	RI	02883			
10. SHARES AUTHORIZE AUTHORIZED SHARES	LIJ ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT	7
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	VALUE		360	Coron	No PM
3 <del>60 Shares No</del>	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 herdin are true and correct.

Signature of Officer

Date

William L. Steadman, Jr. (, 1/25/01
Print or Type Name of Officer

President

Title of Officer

Form 630 12/00



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

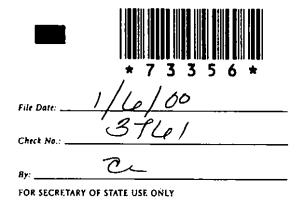
### STOP PILINERI UP INSIRI CHONS

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLA						
. Corporate ID No.	2. Name of Corporation					
73356  L. Street Address Principal Business	Stedman & K Office	azounis Plumbin	g & Heating C City		• State	Zip
	pper Lane	5. State of Incorporation	Charleston		RI	02813 6. SIC Code
(401) 364-98 must Description of the Characte	88 r of Business Conducted in Rh	RHODE ISLAND				232
3. NAMES AND ADDRES	SES OF THE OFFICE	RS (*X* BOX FOR ATTACHI	MENT) FILL IN SPA	ACES BEFO	RE USING ATTACHN	IENTS
William L. St.	•		William Street Address	, J. K	azoun is	
,9 Lady Slipp	er Lane	Zip	144 Ch	urch	Street	Zip
hartestown	RI	02813	Peace Da	le	RI	02883
Amy F. Ste			Amy F	. Iteda	nan	
9 Lady Slipp	er Lane	Zip	cing Lady	Slipp	er Lane	Zip
Charlestown NAMES AND ADDRES	781	02813 CORS (*x* box for attac			ア ( FORE USING ATTACI	02813 HMENTS
Director Name			Director Name			
treet Address			Street Address			
Sity	State	Zip	City		State	Zip
Director Name			Director Name			
treet Address			Street Address			
Etty	State	Zip	City		State	Zip
O. SHARES AUTHORIZE	D ("x" BOX FOR ATTACH	IMENT)			X FOR ATTACHMENT)	
AUTHORIZED SHARES	Ø1		·	IONE		
lumber of Shares	Class/Series	Par Value	Number of Shares		Class/Series	Par Value

600 SHS NO PAR VALUE

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



Signature of Officer	1-4-00
Signature of Officer	Date
Amy F. Stedman	
Print or Type Name 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 1999

	_					
Filing Period:	January	I-March 1	•	Filling	Fec:	\$50.00

FORM MI	UST BE	TYPED	IN	BLACK)
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1. Corporate ID No.

2. Name of Corporation

73356

STEDMAN & CIAMPANELLI PLUMBING & HEATING CO., INC.

3. Street Address Principal Business Office

RI

Zip

9 Lady Slipper Lane 4. Business Phone No.

S. State of Incorporation

6. SIC Code

02813

(401) 364-9677

RHODE ISLAND

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

Plumbing and heating contractor

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

President Name

William L. Stedman, Jr.

Amy Stedman

Street Address

Street Address

9 Lady Slipper Lane City

9 Lady Slipper Lane

Charlestown

ZIP

Charlestown

Zip RI 02813

Charlestown

Secretary Name

Treasurer Name

RI02813

Amy Stedman

Amy Stedman

Street Address

9 Lady Slipper Lane

9 Lady Slipper Lane

Charlestown

02813

Charlestown

02813

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

RI

State

State

Director Name

Director Name

Street Address

Director Name Amy Stedman

William L. Stedman, Jr. Street Address

Street Address

9 Lady Slipper Lane

9 Lady Slipper Lane..

City

Zip

Charlestown

02813

City Charlestown

RΙ

Director Name

RΙ 02813

Amy Stedman

Street Address 9 Lady Slipper Lane Street Address

State

ZIp

City Charlestown State RI Zip 02813

Zip

City

State

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

AUTHORIZED SHARES Number of Shares

Class/Series Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

600

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 all statements contained herein age true and correct.

William L. Stedman, Jr.

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 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILAM READ EXMIRCC HOAS

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corpor	ation			
73356 3. Street Address Principal Busine	ess Office	& CIAMPANELLI P	LUMBING & HEATING CO	State	Zip
9 Lady Slipper	Lane		Charlestown	RI	02813
4. Business Phone No.		5. State of Incorporat	lon		6. SIC Code
(401) <sup>:</sup> 354-9677		RHODE ISL	AND		0232
7. Brief Description of the Charac Plumbing and he					
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)	•	
President Name	Y		Vice President Name		
William L. Sted	man, Jr.		Raymond V. Ciar	mpanelli	
Street Address 9 Lady Slipper	Lane		Stud Address - 9 Lady Slipper	Lane	
City	State	Zip	City	State	ZIP
Charlestown	RI	02813	Charlestown	RI	02813
Secretary Name Amy Stedman			Treasurer Name Amy Stedman		
Street Address 9 Lady Slipper	Lane		Street Address 9. Lady Slipper	Lane	•
Charlestown	State RI	02813	<sup>City</sup> Charlestown	State RI	<sup>zip</sup> 02813
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT)		
Director Name			Director Name		
William L. Sted	lman, Jr.		Raymond V. Cia	mpanelli	
Street Address			Street Address		
9 Lady Slipper	Lane		9 Lady Slipper	Lane	
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Director Name			Director Name		
Amy Stedman	•				
Street Address			Street Address		

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

AUTHORIZED SHARES

Number of Shares

Class/Series Par Value

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

ISSUED SHARES

Number of Shares

Class/Series Par Value

02813

City

600 SHS NO PAR VALUE

9 Lady Slipper Lane

Charlestown

City

600

Common

State

No par value

Zip

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

	+ 7 3 3 5 6 ±
File Date:	3/4
Check No.:	1634
By:	DE STATE LISE ONLY

State

RI

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.

I W. L. T. U. May

William L. Stedman, Jr.

william L. Stedman, 5

Print or Type Name of Officer

Prosident

Signature of Officer

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 1997

Filling Period: January 1-March 1	•	Filing	Fee:	\$50.00
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(FORM MUST BE TYPED IN BLACK)

1. 0	orporate	ID	No.

I. Corporate ID No.	2. Name of Corporation				
73356 3. Street Address Principal Business Off		IAMPANELLI PLUM	BING & HEATING CO.,	NC. State	Zip
9 Lady Slipper 4. Business Phone No.	Lane	5. State of Incorporation	Charlestown	RI	02813 6. SIC Code
364-9677  2. Brief Description of the Character of	Business Conducted in Rho	RHODE ISLAND			0232
Plumbing and he 8. NAMES AND ADDRESSE. President Name			(ENT) Vice President Name		
William L. Ste	edman, Jr.		Raymond V. Cian Street Address	npanelli	
9 Lady Slipper	Lane State	Zip	9 Lady Slipper	Lane State	Zip
Charlestown Secretary Name	RI	02813	Charlestown Treasurer Name	RI	02813
Amy Stedman Street Address			Amy Stedman Street Address		
9 Lady Slipper	Lane State	Zip	9 Lady Slipper	Lane State	Zip
Charlestown 9. NAMES AND ADDRESSE	RI S OF THE DIRECT	02813 ORS ("X" BOX FOR ATTAC	Charlestown HMENT)	RI	02813
Director Name			Director Name		
William L. Sted Street Address	dman, Jr.		Raymond V. Ciar Street Address	mpanelli	
9 Laey Slipper	Lane		9 Lady Slipper	Lane	
City	State	Zip	City	State	Zip
Charlestown Director Name	RI	02813	Charlestown Director Name	RI	02813
Amy Stedman Street Address			Street Address		
9 Lady Slipper	Lane				
City	State	Zip	City	State	Zip
Charlestown 10. SHARES AUTHORIZED	RI' AND ISSUED (*x* 1	02813 BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES		
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares					

	* 7 3 3 5 6 *
File Date: _	3.13.97
Check No.:	1331
Ву:	1(AP
FOR SECRE	TARY 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. 3-10-9 William L. Stedman, Jr. 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

CORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE UR PRIN	IT IN BLACK INK.		
73356		N & CIAMPANELLI	PLUMBING & HEATING	CO., INC.	
STREET ADDRESS PRINCIPAL BUSINESS OFF	id		an	STATE	ZIP CODE
9 Lady Slipper La	ane		Charlestown	RI	02813
BUSINESS PHONE NO: 401 364-9888	-	5 STATE OF INCORPORATION RHODE ISLA	AND	·	6 SC 000£ 0232
					0232
plumbing and heat	sung and all ot	m her lawful busin	ess		
ESIDENT NAME	8 . N A M	ES AND ADDRES	SES OF THE OFFI	CERS	<u> </u>
William Stedman		]	Raymond Ciamp	panelli	
RETADORESS 9 Lady Slipper La	ne		STREET ADDRESS 534 Curtis (	Corner Road	
Charlestown	STATE	2º 6008 02813	wakefield	RI	<sup>™</sup> 000€ 02879
OPETARI HAME  Army Stedman		: <del></del>	TREASURER NAME ADITY Stechman		
REET ADDRESS	<del></del>		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	<del></del>
9 Lady Slipper La			9 Lady Slipp		
M Charlestown	SIATE	ZP C00€ 02813	Charlestown	RI	02813
	9. NAM		SES OF THE DIRE	C T O R S	
William Stedman		· — • · – •	Amy Stedman	- · - · · · · · · · · · · · · · · · · ·	
REET ADORESS	ne		STREET ADDRESS  9 Lady Slipp	er Lane	
9 Lady Slipper La	STATE	ZIP CODE	an Jiday Girpp	STATE	[ ZIP COO€
Charlestown,	RI	02813	Charlestown	RI	02813
Raymond Ciampanel			DIRECTOR NAME		
RET ADDRESS			STREET ADORESS	<del></del>	
534 Curtis Corner			<u></u>		
Wakefield	STATE	02879	CITY	STATE	ZIP CO05
	1 0 . S H	ARES AUTHORIZ	ED AND ISSUED		
· · · · · · · · · · · · · · · · · · ·	AUTHORIZED SHARES			ISSUED SHARES	
MUMBER OF SHARES	OLASS / SEPIES	PAR VALUE	MUNSER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS NO	PAR VALUE		600	common	no par
<del></del>	<del></del>	· <del></del>		·- <del></del>	<del></del>
			<u> </u>	<del>~~ ~</del>	
	This	report must be SIGNI	ED IN INK by either the		
Pres			nt Secretary, Treasurer, R	eceiver or Truste	ee

File Date:

Check No:

By:

1770

For Secretary of State Use Only

William Stedman

Signature of Officer

Print or Type Name of Officer

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.

President
Title of Officer

1120 91

State of Rhode Island and Providence Plantations

Office of The Secretary of State 100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040 Cb. #2

#### ANNUAL REPORT

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:					Annual Report for th	ne year:		
N 66	·	STEDMAN	1 & 0	IAMPANELLI	PLUMBING &	-		
Business entity org	ation:							
For foreign entity,	address and telenh	aws or the state one number of	nrincinal	office:	Business Entity is		e RIGL Chapter 7-1.1)	
N/	A	one number of	principal	office.	- ·	•	oration (See RIGL Chapter	7.5.1)
					( ) Trosessional	oct vice con	ANALISM (See RIGH, Chapter	7-3.1)
					Brief statement o	f the characte	r of business conducted in R	hode Island:
Phone: ()							atiq and all other	
Address and teleph	· · · · · · · · · · · · · · · · · · ·		iness enti	ty in Rhode	lawful !	<u>ousiness</u>		
Islatíd (Provide stre 9 1	ectaddress NotP Ladv Slippe	O.Box): r Tane			··-· •- / - · - ·			· ·
	arlestown,							······
Phone. ( 40.	l	364-9886						
PRESIDENT			ТН	IE NAMES OF T	HE OFFICERS AR	E:	STATE	ZIP CODE
	lliam Stedm	an	O Tad					zar cope
VICE PRESIDENT	22.14.11 000011		) Lau	STREET AD	ne, Charlestown DRESS	CITY	STATE	ZIP CODE
Ray	ymond Ciamp	anelli	534 C	urtis Corner	Road, WAkefie	ld. RT 02	2879	
SECRETARY	<u> </u>			STREET AD	DRESS	CITY	STATE	ZIP CODE
	y Stedman		9 Lad	<u>y Slipper La</u>	n <u>e, Charlestow</u>	n, RT 028	313	
TREASURER	. 0.		^	STREET AD			STATE	ZIP CODE
·Any	y Stedman	<del></del>			ne, CHarlestow		313	
NAME			1 11	E NAMES OF THE STREET AD	IE DIRECTORS AI		STATE	MP CODE
Wil	lliam Stedm	an	9 Lad					
NAME.				STREET AD	ne, <u>Charlestown</u> DRESS	CITY	STATE	ZIP CODE
	y Stedman_		9 Lad	y Slipper La	ne, Charlestown	n, RI 02	2813	
NAME								ZIP CODE
Ka\	mond Ciamp	anelli	534 C	urtis Corner	Road, Wakefie	ld, RI 02	2879	
NUMBER OF SHA	RES AUTHORIZE	D (Rider may be	e attached	)	NUMBER OF SHARE	S ISSUED AN	D OUTSTANDING (Rider ma	y be attached)
Number of Shares	Cl	ass / Series			Number of Shares	Cl	ass / Series	
600	) ,	common/na	par		600		common/no par	
•	··				<del>, ) · , , , , , , , , , , , , , , , , , </del>	.0		
Date	<del>u. 4</del>	. 199	<u> 35</u>	ву: <u> </u>	Velliam o		edman .	
9				PRINT OR T	<u>WIlliam I. Sto</u> YPresidentersion	edman No		
Form 31 1/95					FFICER SIGNING	· -•		—
		DESIGNA	TED RI		ENT FOR SERVIC	E OF PRO	CESS:	
PLEASE NOTE:	If the registered of				v is incorrect, Form 9 m			·

RODERICK A.J. CAVANAGH 148 MAIN STREET

> WAKEFIELD RI 02879

MAN DESTRUCTION OF THE SECTION OF TH

Secretary of State

# Office of The Secretary of State

CORP. Jan. 1 - March 1

100 North Main Street
Providence, Rhode Island 02903 1335
401 277-3040

	0073356	401 277		the year:	1994	
Corporate ID:		_ · ′		•	S DUMBING &	HEATING
Name of Business	Entity:					"
Business entity organi	ized under the laws of the State of _R.L		Business Entity			
Federal Taxpayer Idei	A . C	<u> </u>	(X) But	siness Corporation (Ser dessional Service Corp	e RIGL Chapter 7-1-1) ioration (Sec RIGL Cha	apter 7-5.1)
· ·	dress and telephone number of principal offic	ce	[ ] Lin	nited Liability Compan	ıy (See RIGL 7-16)	
	N/A	!		l mailing address of cor	ntact person to whom	
		· ——	William	s may be directed:   Stedman, Pr   Slipper Lane		
		<u> </u>		own, RT 028		
Phone ()	<u> </u>				<u> </u>	
	e of the principal office of business entity in	Rhode	<u> </u>			ode Island:
	address - Not P.O. Box).				siness conducted in Rho <u>a_and_all_o</u> t	
9 <u>Lady Sli</u> Charlestov	vn, RT 02813	, —	lawful b	ousiness		
364-9888	· — · — — — — — — — — — — — — — — — — —		Date of Organi	 izationJuly_2	<u> 1</u> 993	
Phone. (401)	364-9888	 			n Rhode Island (if forci	ign entity)
	-·				- <del></del>	
CRIEF EXECUTIVE OF	FICER OR X PRESIDENT (CHR. OH)	STREET AND		CITY/STATE		ZIP CODE
	<u> Will</u> iam Stedman	9 Lady 9	<u>Slipper Lar</u>	ne Charlesto	wn, RI <u>028</u> 13	3 X44 CODE.
CHIEF OF BRATING OF	Raymond Ciampanelli,				ield, RT 028	879
CUSTODIAN OF RECO	DEDS ON XXSECRETARY (Check One)	STREET ADO	DRESS	CHYSTATE		ZiP CODE
CONTERNANCIAL DE	Amy Stedman, 9 Lady	Slipper I	ane, Char. <sub>Misi</sub>	Lestown, Rt	02813	- X <sub>15</sub> COD
_ ( , v	Amy Stedman, 9 Lady_		_ :	— — ·	02813	
NAME -	THE N	AMES OF TH	E DIRECTORS	ARE: CITYSTATE		VIL CODE.
	William Stedman	9 Lady S	Slipper Lan	ne, Charlest	own, RI 0281	13 ZIP COOK
NAME	Amy Stedman		Slipper La		own, Rt 0281	
KAME.	Raymond Ciampanelli			Road, WAkef	ield, RT 028	<u>879</u>
NUMBER OF SHA	ARES AUTHORIZED (If Applicable)		NUMBER OF SE	HARES ISSUED AND	OUTSTANDING (II.	Applicable)
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CLASS	common			EB 0 4 1994 o	common	
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PAR VALUE OR WITHOUT PAR	no par		PAR VALUE OF WITHOUT PAR		o par	
Date _	<u>au 3/</u> 19.94_	By _	Willed	ion Land	edman	
O	,	PRINCORT	William S			
		<del>aan</del> ast	President			
		an Fore	FFICER SIGNING			