

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

PRÓFIT CORPORATION	NANNUAL REPORT FOR THE YEAR	2005
Filing Period: January I - March I 🏓		

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1. Corporate ID No.	2. Name of Con		*****		many and the second of the sec
110058	•	MBING & HEATING,	INC.		
3. Street Address Principal Busin	ess Office		City	State	Z!p
7 Harris Avenue			Johnston	RI	02919
4. Business Phone No.		5. State of Incorpor			, 6. SIC Code
401-232-3932		RHODE ISLA	IND		
7. Brief Description of the Chara PLUMBING AND HEATING			UL BUSINESS.		
8. NANES AND ADDRESS President Name	us of the o	TRUIS IN 1974 1974 IN	Procession Date Land	Pacits before using A:	TACHMENTS
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Tammy Omar			Kevin Omar		
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Director Name Kevin Omar			Director Name		
Street Address			Street Address	* ****** . * ** ******* *** **	***************************************
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ims report must be signe	a m nik oy en	ner ine Fresideni, Vic	e r restaem, necretary, Ass	isiam secretary, ireas:	urer, Receiver or irusi
B. 11224 *** **					

File Date 1/31	
Check No. 2730	
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FOR SECRETARY OF STATE U	SE ONLY

	1.25
Under penalty of perjury, I declare and at	
this report, including any accompanying	
and that all statements contained herein a	are true and correct,
Keen Clams	1/24/05
Signature of Officer	Date
Kevin Omar	
Print or Type Name of Officer	
President	
Title of Officer	Form 630 12/0



Kuu

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORF	PORATION	ANNUAL REPO	RT FOR THE	YEAR 2003	
(FORM MUST BE TYPED I		rung rec. \$50.00			
1. Carparate ID No.	2. Name of Corp				
110058	K&TPLU	MBING & HEATING, INC	. .		
3 Street Address Principal B	•		City	State	Zip
7 HARRIS AVENUE			JOHNSTON	RI	02919-
4 Business Phone No		5. State of Incorporation			6. SIC Code
4012323932		RHODE ISLAND			1
7. Brief Description of the Ci PLUMBING AND HEAT		nducted in Rhode Island ND REPAIRS AND ANY O	THER LAWPUL BUSIN	BSS.	
8. NAMES AND ADDR	esses of the or	FICERS CX"BOX FOR ATT	ACHMENT) TRILL IN	SPACES BEFORE USING AT	FACHMENTS
Kevin Omar			Tammy Omar		
Street Address	***************************************		Street Address	and the state of the second of	
Same as above			Same as above		
Cin	State	Zip	City	State	Zip
Secretary Name			Treasurer Name	A Section 1	
Tammy Omar			Kevin Omar		
Street Address	-		Street Address		•
Same as above			.Same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR Director Name	esses of the di	RECTORS ("X" BOX FOR A	TTACHMENT) TULL I	n spaces before using a	TTACHMENTS
Kevin Omar					
Street Address			Street Address		
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City	State	Zip	·City	State	7.1р
Director Name			Director Name		. :
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10. SHARES AUTHOR	BZED ("X" BOX FO	RATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			•		:
This report must be sign	<mark>gned in ink</mark> by eit	her the President, Vice Pr	resident, Secretary, As	ssistant Secretary, Treasu	rer, Receiver or Trustee
I IOGIAL HAN		IEBI			
			Under penalty of	perjury, I declare and affirm t	hat I have examined
~ 1		-	this report, includ	ling any accompanying sched	ules and statements,
110058 DBC1/17/0	311:29:22 AM		and that all states	nents contained herein are tru	e and correct.
1 7.1	17-03		· // 〈	~ 0.0	1/0//
File Date C	17		- A litta	My Jan	2-1/4/0
Check No 20) १ ५		<i>Տերակու ոյ Օյլու</i> ։ Kevin Om	_	ate f

Print or Type Name of Officer

Form 630 12/01

President

Title of Officer



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

110058

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

STOP PLASE READ INSTRUCTIONS

Filling Period: January 1-March 1	•	Filing Fee: \$50.00	
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2. Name of Corporation

K & T PLUMBING & HEATING, INC.

. Street Address Frincipal Busines.			City	State	219
7 Harris Aven	ue		Johnston	RI	02919
. Rusiness Phone No. 232-3932		S. State of Incorporation RHODE ISLAND			6. SIC Code
Brief Description of the Characte	er of Business Conducted	in Rhode Island Plumbing	and heating	services and	repairs and any
other lawful	business.	ICERS (*X* BOX FOR ATTACHI		ES BEFORE USING ATTA	
resident Name			Vice President Name		
Kevin Omar			Tammy Oma	r	•
tieet Address			Street Address		
7 Harris Aven	ue		Same		
ity	State	Zip	City	State	Zip
Johnston	RI	02919	•		
rcretary Name	••	· · · · •	Treasurer Name		•
Tammy Omar			. Kevin Omar		
reet Address			Street Address		
Same			Same		
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Kevin Omar					
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irector Name			Director Name		
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umber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
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1,000 COMINI NO PAR VA	LUE		100	Common	No Par Value

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



FOR SECRETARY OF STATE USE ONLY

Kevin Omar

Frint or Type Name of Officer

President

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.

Title of Officer

Signature of Officer

Form 630 12/01

1/14/02

Zip

State



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP FUASE READ INSTRUCTIONS

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

I. Corporate ID No.

2. Name of Corporation

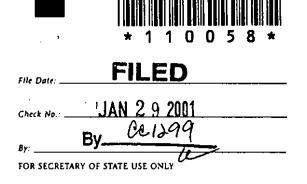
110058 K
3. Street Address Principal Business Office

K & T PLUMBING & HEATING, INC.

7 Harris Aven	iue		Johnston	RI	02919
4. Business Phone No. 232-3932		5. State of Incorporation RHODE ISLA			6. SIC Code
7. Brief Description of the Charactellawful purpose.	ter of Business Conducted	in Rhode Island Plumbin	g and heating servic	es and repairs	and any other
8. NAMES AND ADDRE President Name	SSES OF THE OFF	FICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES E Vice President Name	BEFORE USING ATTA	CHMENTS
Kevin Omar			Tammy Omar		
Street Address			Street Address		•
7 Harris Aven	iue		7 Harris Aver	nue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretory Name Tammy Omar			Treasurer Name Kevin Omar		, • • • • • •
7 Harris Aven	ue		Street Address 7 Harris Aver	nue	
Johnston	State R I	zip 02919	_{City} Johnston	State R I	Zip
9. NAMES AND ADDRE Director Name Kevin Omar	SSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
Street Address 7 Harris Avenu	ıe		Street Address		·
cw Johnston	State R I	zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMEN	T)
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

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1,000 COMM NO PAR VALUE

Common

Kevin Omar

Print or Type Name of Officer

President

Title of Officer

No Par Value