



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
401.222.3949

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110058		2. Name of Corporation K & T PLUMBING & HEATING, INC.			
3. Street Address Principal Business Office 7 Harris Avenue		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-232-3932		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING AND HEATING SERVICES AND ANY OTHER LAWFUL BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE INSTRUCTIONS) (FILL IN SPACES BEFORE USING ATTACHMENTS)					
President Name Kevin Omar		Vice President Name Tammy Omar			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Secretary Name Tammy Omar		Treasurer Name Kevin Omar			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE INSTRUCTIONS) (FILL IN SPACES BEFORE USING ATTACHMENTS)					
Director Name Kevin Omar		Director Name			
Street Address same as above		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE INSTRUCTIONS) (FILL IN SPACES BEFORE USING ATTACHMENTS)					
11. SHARES ISSUED (SEE INSTRUCTIONS) (FILL IN SPACES BEFORE USING ATTACHMENTS)					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			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



1 1 0 0 5 8

File Date	1/31
Check No.	2730
Pv	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: Kevin C Omar Date: 1/24/05
Print or Type Name of Officer: Kevin Omar
Title of Officer: President



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *110058* 2. Name of Corporation K & T PLUMBING & HEATING, INC.
3. Street Address Principal Business Office 7 HARRIS AVENUE City JOHNSTON State RI Zip 02919-
4. Business Phone No 401.232.3932 5. State of Incorporation RHODE ISLAND 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING AND HEATING SERVICES AND REPAIRS AND ANY OTHER LAWFUL BUSINESS.

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

President Name Kevin Omar Vice President Name Tammy Omar
Street Address Same as above Street Address Same as above
City State Zip City State Zip
Secretary Name Tammy Omar Treasurer Name Kevin Omar
Street Address Same as above Street Address Same as above
City State Zip City State Zip

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

Director Name Kevin Omar Director Name
Street Address Same as above Street Address
City State Zip City State Zip
Director Name Director Name
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
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
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



* 1 1 0 0 5 8 *

110058 DBC1/17/0311:29:22 AM
File Date 2-13-03
Check No 2079
By Kme
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 Kevin Omar Date 1/24/03
Kevin Omar
Print or Type Name of Officer
President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

110058

2. Name of Corporation

K & T PLUMBING & HEATING, INC.

3. Street Address Principal Business Office

7 Harris Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

232-3932

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

plumbing and heating services and repairs and any other lawful business.

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

President Name

Kevin Omar

Vice President Name

Tammy Omar

Street Address

7 Harris Avenue

Street Address

Same

City

Johnston

State

RI

Zip

02919

City

State

Zip

Secretary Name

Tammy Omar

Treasurer Name

Kevin Omar

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

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

Director Name

Kevin Omar

Director Name

Street Address

Same

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 1 1 0 0 5 8 *

File Date: 2-7-02

Check No.: 2885

By: BMF

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.

Kevin C. Omar 1/14/02
Signature of Officer Date

Kevin Omar
Print or Type Name of Officer

President
Title of Officer

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Form 630 12/01



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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



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. **110058** 2. Name of Corporation **K & T PLUMBING & HEATING, INC.**
3. Street Address Principal Business Office **7 Harris Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **232-3932** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **Plumbing and heating services and repairs and any other lawful purpose.**

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

President Name Kevin Omar Street Address 7 Harris Avenue City Johnston State RI Zip 02919 Secretary Name Tammy Omar Street Address 7 Harris Avenue City Johnston State RI Zip 02919	Vice President Name Tammy Omar Street Address 7 Harris Avenue City Johnston State RI Zip 02919 Treasurer Name Kevin Omar Street Address 7 Harris Avenue City Johnston State RI Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kevin Omar Street Address 7 Harris Avenue City Johnston State RI Zip 02919	Director Name Street Address City State Zip Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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



* 1 1 0 0 5 8 *

File Date: **FILED**

Check No.: **JAN 29 2001**

By: **Ce1299**

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.

X Kevin Omar 1/10/01
Signature of Officer Date

Kevin Omar

Print or Type Name of Officer

President

Title of Officer