

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree eldonce PL02003-1324

Providence, RI 02903-1331 401.222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

94862	,	poration			
	ASSOCIA	ATED TRADES, INC.			
Street Address Principal Busines		<del></del>	Cuv	State	Zip
15 TOMAHAWK CI	RCLE		NORTH KINGSTOWN	RI	02852
4. Business Phone No. 5. State of Incorporati			lon		6. SIC Code
(401) 295-5147		RHODE ISLA	ND.		
Brief Description of the Characte TO ENGAGE IN PROVI	r of Business Condu	cted in Rhode Island CONTRACTING SERVICE		<del></del>	
NAMES AND ADDRESSE	S OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) 🔠 FILL IN SPA	CES BEFORE ÚSIN	IG ATTACHMENTS
DAVID B. ENGLAND	,		Vice President Name	<u>-</u> · · · · · · · · · · · · · · · · · · ·	<u> </u>
	, 		DAVID B. ENGLAND		
15 TOMAHAWK CII	RCLE		Street Address	<del></del>	
In MARTIN MARKET	State	Ztp	: Cay	State	
NORTH KINGSTOW	N RI	02852	•		24p
Cretary Name DAVID B. ENGLAND			Tresistate Name	I	L
<del></del>	· <del>-</del>		DAVID B. ENGLAND		
tet Address			Street Address		
r.	State	Zip	City	<u> </u>	- r
		] '		State	Zip
DAVID B. ENGLAND  MAddass  15 TOMAHAWK CIF			Director Name Street Address	<del></del>	
13 TOWARAVE CIP	<del></del>				
	State	Zip	Guy	State	Zip
NORTH KINGSTOWN	NJ RI	02852			·
An Name			Director Name	• • • • • • • • • • • • • • • • • • • •	
et Address	<del></del>	<u> </u>			
V) MIRWESS			Sirvet Address		
	State		<u>_</u>		
	.simic	Ztp	City	State	Zip
SHARES AUTHORIZED PHORIZED SHARES	 (*X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACH	MEŅĪ) 📋 🗀
nber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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	<del>-</del>		600	COMMON	NO PAR
			-		
		<del></del>	<u> </u>		
This report must be s	igned in ink by	either the President, Vice	President, Secretary, Assistant Sec	retary. Treasurer L	Special of Transfer
			,	y. Treusurer, F	soccises of 110866
		IFIA SIEC PERC			

File Date FILED

Check No. FEB 2 8 2005 2085

Hy: By

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 confined herein are true and carrect.

Nevid B Infund

Date

DAVID B. ENGLAND

Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03



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 Stree. Providence, RI 02903-1335 401 222 3040

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

Filing Period: January 1 - March 1

Corporate ID No. 94862	2. Name of Corpo	rution			
		SOCIATED TRADES,	<u>INC.</u>		
Street Address Principal Busi	<del>-</del>		Guy	State	Zip
15 TOMAHA Business Phone No	WK CIRCLE	5. State of Incorporation	NORTH KING	STOWN RI	02852
(401) 205 E	147				6. SIC Code
(401) 295-51 Brief Description of the Char	cter of Business Conducte	RHODE IS	SLAND	<del></del>	232
		ACTING SERVICES			
NAMES AND ADDRES	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	ACHMENT) DELL'	IN CRACES PROPERTY	
sident Name			Vice President Name	IN SPACES BEFORE USING	ATTACHMENTS
DAVID B. EN	GLAND		:	101 4415	
ret Address			Street Address	IGLAND	
15 TOMAHA	WK CIRCLE				
) <sup>'</sup>	State	Z.ip	City	State	Zip
NORTH KING	STOWN RI	02852	•		7.47
retary Name	. —		Treasurer Name	······································	I
DAVID B. EN	GLAND	<u> </u>	DAVID B. EN	GLAND	•
et Address			Street Address	GLAND	<del></del>
<del></del>	<del></del>				
r	State	Zip	City	State	Zip
	<u>.</u>				'
NAMES AND ADDRES	SES OF THE DIREC	TORS: ("X" BOX FOR A	TACHMENT)   FILI	. IN SPACES BEFORE USIN	G ATTACHMENTS
ector Name			Director Name		
DAVID B. EN	SLAND				
			Street Address		
<u>15 TOMAHA\</u> '			<u> </u>		
ı	State	Zip	City	State	Zip
······NORTH-KING	STOWN RI	62 <del>85</del> 2			
No.			Director Name		•••••••••
or Address	<del></del>		<del></del>		
			Street Address		
,	State	Zip	City	T Pro-	<del></del>
		1	Contraction	State	Zip
SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT)	11 SHABE ICCION	("V" POV 500 1771 5	
HORIZED SHARES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ISSUED SHARES	("X" BOX FOR ATTACHA	(ENT)
ther of Shares	Class/Series	Par Value	Number of Shares	Classification	
	<del></del>	<del>-</del>	Think by priviles	Class/Series	Par Value
	COMMO	M 400			
	COMING	N NO PAR	<del>-600</del>	- COMMON	NO PAR
This report must b	e signed in ink by c	ither the President Vice P	resident Secretary Acris	iant Secretary, Treasurer, R	
	·			tant Secretary, Freasurer, R	ecciver or trustee
			Under penalty of p	erjury, I declare and affirm that	I have examined this
- 1		$\neg$	including any acco	mpanying schedules and stator	hents, and that all stat
Date 3 12	04		contained herein ar	c true and coppert.	•
	<u> </u>	-	_ Naich	1) Inglest	
ck No 1927	•		Signature of Officer	, — <u>—</u>	Date
		-			
18.		-	Print or Type Name	I <del>D B. ENGLAND</del>	

Title of Offic PRESIDENT

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

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

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17 (200) 17(1)3	DE CLIED OK PRINTED IN BLACK)	

1. Corporate ID No.

2. Name of Corporation

94862

ASSOCIATED TRADES, INC.

3. Street Address Principal Business Office

City

State

4. Business 15 TOMAHAWK CIRCLE

5. State of Incorporation

**NORTH KINGSTOWN** 

**DAVID B. ENGLAND** 

DAVID B. ENGLAND

6. SIC 02852

RHODE ISLAND

232

GENERAL PLUMBING CONTRACTING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Nume

FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

**DAVID B. ENGLAND** Street Address

Cin

City

15 TOMAHAWK CIRCLE

Zip

City

State

NORTH KINGSTOWN RI

02852

02852

Treasurer Name

DAVID B. ENGLAND Street Address

210

City

State

ZIP

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

Director Name

Street Address

Street Address DAVID B. ENGLAND

15 TOMAHAWK CIRCLE

State

City

ZIp

Director NMORTH KINGSTOWN RI

Director Name

Street Address

Street Address

City

City

State

Zio

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

7.10

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

ISSUED) SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

600

COMMON

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

Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and all statements contained herein are true and correct.

DAVID B. ENGLAND

Print or Type Name of Officer

Title of Officer **⊲** 5

Form 630 12/02



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

		1	600	COMMON	NO PAR
000 COMM NO PAR			Number of Shares	Class/Serles	Par Value
SHARES AUTHOR ONIZED SHARES et of States	Class/Series	ACHMENT)  Par Value	11. SHARES ISSUED (*x* RI	ON FOR ATTACHMENT)	
	State		<sup>*</sup> City	State	Zip
Address			Street Address		
SAUNDERST	TOWN RI	.02874	Director Name		est.
CALIFICACO	State	Zip	City	State	Zip
210 WILLET			Street Address		
DAVID B. EN			· Oriector Name		
NAMES AND ADI	DRESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC		EFORE USING ATTAC	CHMENTS
,	State	Zip	City	State	ZIp
			Street Address		
DAVID B. El	NGLAND		DAVID B. ENGLAN	D	• ••
SAUNDERS'	TOWN RI	02874	•	State	ZIp
γ	State	Zip	: Cliv	Paula	
cel Address 210 WILLET	ROAD		Street Address		
DAVID B. E	NGLAND		Vice President Name  DAVID B. ENGLAN		
NAMES AND AL vident Name	ODRESSES OF THE OI	FICERS (*X" BOX FOR ATTAC		FORE USING ATTAC	HMENTS
GENERAL P	Character of Business Conductor LUMBING CONTRA	RHODE ISLAND  rd in Rhode Island  CTING SERVICES			6. SIC Code <b>232</b>
210 WILLE? Business Phone No.		5. State of Incorporation	SAUNDERSTOWN	State <b>Ri</b>	<sup>Zip</sup> 02874
Street Address Principal	ASSUCIA Business Office	TED TRADES, INC.	City	<b>.</b>	
. Carparate II) <u>No.</u> <b>94862</b>	2. Name of Con				
FORM MUST BE TYPE					IN.



File Date:	3-15-02	
Check No.:	1543	
Jy:	Ou.	

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 fill statements contained percipare true and correct.

Signature of Officer DAVID B. ENGLAND Date

Print or Type Name of Officer

**PRESIDENT** 

Title of Officer **₹**\$ 5

Form 630 12/01

Corporations Division
100 North Main Street, Providence, RI 02903-133:
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PILINE RIAD

Filing Period: January (FORM MUST BE TYPED IN BLA		• Filing Fec: \$50.00	PORT FOR I	HE YEAR	PI
1. Corporate ID No. 94862		Crafo TRADES, INC.		<del>-</del> • ·	
3. Street Address Principal Business 210 WILLET ROA	Office		City SAUNDERSTO	State DI	Zip
4. Business Phone No. (401) 295-5147		S. State of Incorporation	10	WN RI	<sup>™</sup> 02874 <sup>6. si</sup> @ <del>gg</del>
7. Brief Description of the Charocter GENERAL PLUME	BING CONTRA	CTING SERVICES			
8. NAMES AND ADDRESS			. <b></b>		
DAVJD B. ENGLA	AND	TOURS ON BOX FOR ATT	VICE BAVID'S, ENG	ES BEFORE USING ATT/	CHMENTS
Street Address WILLET ROA	D		Street Address		
SAUNDERSTOWN	State N RI	<sup>Zip</sup> 02874	City	State	Zip
Secretary Name DAVID B. ENGLA	ND		Treas DAVID B. ENG	LAND	
Street Address			Street Address	<u>-</u>	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name DAVID B. ENGLAN		RECTORS (*X* BOX FOR AT	FACHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATT	ACHMENTS
210 WILLET ROAL	D		Street Address		
SAUNDERSTOWN	State <b>RI</b>	<sup>Zip</sup> 02874	City	State	Zip
irector Name			Director Name		• • • • • • • • • • • • • • • • • • • •
teet Address			Street Address		
ty	State	Zip	City	State	Zip
D. SHARES AUTHORIZED (	(*X * BOX FOR ATI	ACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMENT	
imber of Shares	Class/Series	Par Value	TOUTD SHARES	-1	- •
			Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR	VALUE				•

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



File Date:	3-12-01	
Check No.: _	1322	
Ву:	2	
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.

David B	Encland	3-9-
Signature of OFAVID B.	ENGLAND	Date

Print or Type Name of Officer
PRESIDENT



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

1000	COMMON	NO PAR	600	COMMON	NO PAR
umber of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X* E	OX FOR ATTACHMENT)	
Tity	State	Zip	City	State	Zip
treet Address			Street Address		
Director Name	RI	02874	Director Name		
SAUNDERSTOWN	State	Zip	City	State	Zip
Sireet Address  210 WILLET ROAD	9		Street Address		
			Director Name	,	320, 1
9. NAMES AND ADDRESS	ses of the direc	CTORS (X BOX FOR AT	TACHIMEN UNDERSTOWN	RI	02874
City 121 FERRY ROAD	State	Zip	c@RIFFITH ROAD	State	Zip
MARY McNULTY Street Address			SHEET Address, DONOVAN		3201
SAUNDERSTOWN Secretary Name	RI	02874	"SAUNDERSTOWN	·RI	02874
City 210 WILLET ROAD	State	Zip	: ci% DAVID B. ENGLA	ND:2#0 WILLET RD	Zip
DAVID B. ENGLAN Street Address	ID		SUPPLY MULCAHEY		
GENERAL PLUMBI 8. NAMES AND ADDRES President Name	SES OF THE OFFI	NG SERVICES. CERS ("X" BOX FOR ATT	ACHMENT)  Vice President Name	<u> </u>	
7. Brief Description of the Characte			AND		0232
4. Rus 221, Q. W.J.L. ET ROAI (401) 295-5147	D	S. State of Incorporati		RI ,	6. <b>02874</b>
3. Street Address Principal Business	office ASSOC	IATED TRADES, IN	IC. City	State	Zip
1. Corporate ID No.	2. Name of Corpora	tion			
(FORM MUST BE TYPED IN BL	ACK)				100

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
File Date: 4/14/D	that all statements contained herein are true and correct.
Check No.:	Signature of Officer Date
	DAVID B. ENGLAND
в)::	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT



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

Street Address Principal Business Office ASSOC	•	City	State	Zip
husin2100WILLET ROAD	S. State of Incorporation		)WNRI	6.92874
(401) 295-5147  Retef Description of the Character of Business Conducted in	LRHODE IS	LAND		
				0232_
GENERAL PLUMBING CONTRACT NAMES AND ADDRESSES OF THE OFFICestdent Name	ING-SERVICES			
esident Name	JERS ("X" BOX FOR ATT	ACHMENT)   FILL IN SPACE  : Vice President Name	CES BEFORE USING ATTAC	HMENTS
DAVID B. ENGLAND		Vice President Name		
reel Address		JAMES-MULC	AHEY	<del></del>
210 WILLET ROAD				
ity "210 WILLET ROAD State"			NGLAND:210"WILLET	RD-Zip
SAUNDERSTOWN RI	02874	SAUNDERSTO	WN	
		The argine Name Lind 10	4414	02874
· MARY MCNULTY ·		MARK-DONOV	'AN	
121 FERRY-DOAD	•			
121 FERRY-ROAD State	Zip	···· <del>······</del> GRIFFITH <sup>-</sup> ROA	D State	Zip
	02874	CALINDEDOTO		
NAMES AND ADDICESSES OF THE DIRECTOR Name	TORS TO THUS FOR AT	TACHMENT STATE IN ST	CES BEFORE USING ATTA	CHMEN 92874-
		Director Name		
"ADAVID 8. ENGLAND ··· ·- ·-		Street Address	<del></del>	<del></del>
210 WILLET ROAD				
	Zip	City	State	Zip
SAUNDERSTOWNRI	02874	••••	İ	'
•		Director Name		
eet Address	<del>-</del>	Street Address		
		•		_
State	Zip	City	State	Zip
SHADES ALTHORIZED				""
. SHARES AUTHORIZED (*X* BOX FOR ATTAC	HMENT)		("X" BOX FOR ATTACHMENT)	<del></del>
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		Number of Shares	Class/Series	Par Value
1000COMMON_	NO_PAR	600		_
			COMMON	NO_PAR
		1		

File Date: WW W 17,99  Check No.: 1317	Under penalty of perjury, I declare and affirm this report, including any accompanying scheothat all statements contained herein are true a Duist B Sylvanian of Officer  DAVID B. ENGLAND  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT

that I have examined dules and statements, and nd correct.



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

James R. Langevin, Secretary of Stat. Corporations Division 100 North Main Street, Providence, Ri 02903-133! 401-277-3046

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

1000	COMMON	NO PAR	600	COMMON	NO PAR
ther of Shares	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value
). SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) INHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
,	State	Zip	City	State	Zip
et Address			Street Address		
ector Name			Director Name		
SAUNDERSTOWN	RI	ziր 02874	City	State	Zip
210 WILLET ROAD	State	7ia			
DAVID B. ENGLAND			Street Address		
NAMES AND ADDRESS	ES OF THE DIRE	02874 CTORS ("X" BOX FOR ATTA	SAUNDERSTOWN . (CHMENT)  Director Name	RI	02874
SAUNDERSTOWN	State RI	Zip	GRIFFITH ROAD	State	Zip
121 FERRY ROAD	•	•	Street Address		
MARY McNULTY			MARK DONOVAN	,	02874
SAUNDERSTOWN	RÍ	02874	SAUNDERSTOWN		21p
210 WILLET ROAD	State	Zip	္ကေ DAVID B. ENGLA	ND 210 WILLET RD	
DAVID B. ENGLAND	)		JAMES MULCAHEY		
NAMES AND ADDRESS		ICERS (*X* BOX FÖR ATTAC	HMENT) Vice President Name	<del></del> -	·
GENERAL PLUMBIN	IG CONTRACT	ING SERVICES			
(401) 295-5147  Brief Description of the Character	of Business Conducted :	RHODE ISLA	ND		0232
Business Phone No ET ROAD	•	5. State of Incorporation	SAUNDERSTOWN	RI	،9287ع
Street Address Principal Business	Office ASSOC	CIATED TRADES, INC	City	State	Z.lp
11000d	4000				

File Date:	5-5-98	
Check No.: _	1226	
Ву:	AMF	
OR 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 trole and correct.

Signature of Officer

DAVID B. ENGLAND

Print or Type Name of Officer

**PRESIDENT**