



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 02903-1331
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

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

1. Corporate ID No. 94862		2. Name of Corporation ASSOCIATED TRADES, INC.			
3. Street Address: Principal Business Office 15 TOMAHAWK CIRCLE		City NORTH KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. (401) 295-5147		5. State of Incorporation RHODE ISLAND		6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN PROVIDING GENERAL CONTRACTING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID B. ENGLAND		Vice President Name DAVID B. ENGLAND			
Street Address 15 TOMAHAWK CIRCLE		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name DAVID B. ENGLAND		Treasurer Name DAVID B. ENGLAND			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID B. ENGLAND		Director Name			
Street Address 15 TOMAHAWK CIRCLE		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			600	COMMON	NO PAR

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



File Date	FILED
Check No.	FEB 28 2005 2085
By	By <u>LB</u>
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.

David B. England 2-25-05
Signature of Officer Date

DAVID B. ENGLAND

Print or Type Name of Officer

PRESIDENT

Title of Officer



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
401 222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

2004

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 94862		2. Name of Corporation ASSOCIATED TRADES, INC.			
3. Street Address Principal Business Office 15 TOMAHAWK CIRCLE		City NORTH KINGSTOWN	State RI		
4. Business Phone No (401) 295-5147		5. State of Incorporation RHODE ISLAND	6. SIC Code 232		
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL PLUMBING CONTRACTING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID B. ENGLAND		Vice President Name DAVID B. ENGLAND			
Street Address 15 TOMAHAWK CIRCLE		Street Address			
City NORTH KINGSTOWN	State RI	City	State		
Zip 02852		Zip			
Secretary Name DAVID B. ENGLAND		Treasurer Name DAVID B. ENGLAND			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID B. ENGLAND		Director Name			
Street Address 15 TOMAHAWK CIRCLE		Street Address			
City NORTH KINGSTOWN	State RI	City	State		
Zip 02852		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR	600	COMMON	NO PAR

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

File Date	3/12/04
Check No.	1927
By:	18
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

Date

Print or Type Name of Officer
DAVID B. ENGLAND

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 OR PRINTED IN BLACK)

1. Corporate ID No.

94862

2. Name of Corporation

ASSOCIATED TRADES, INC.

3. Street Address Principal Business Office

City

State

Zip

4. Business Phone No.

15 TOMAHAWK CIRCLE

5. State of Incorporation

NORTH KINGSTOWN

RI

02852

(401) 295-5147

RHODE ISLAND

6. SIC Code

232

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

GENERAL PLUMBING CONTRACTING SERVICES

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

DAVID B. ENGLAND

DAVID B. ENGLAND

Street Address

Street Address

15 TOMAHAWK CIRCLE

City

State

Zip

City

State

Zip

NORTH KINGSTOWN RI

02852

Secretary Name

Treasurer Name

DAVID B. ENGLAND

DAVID B. ENGLAND

Street Address

Street Address

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

Director Name

DAVID B. ENGLAND

Street Address

Street Address

15 TOMAHAWK CIRCLE

City

State

Zip

City

State

Zip

NORTH KINGSTOWN RI

02852

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

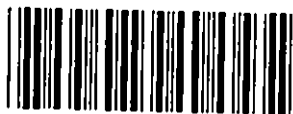
1,000 COMM NO PAR VALUE

600

COMMON

NO PAR

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



* 9 4 8 6 2 *

File Date:

5-28-03

Check No.:

1789

By:

2

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.

David B. England

5-26-03

Signature of Officer

Date

DAVID B. ENGLAND

Print or Type Name of Officer

Title of Officer

PRESIDENT

Form 630 12/02



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.

94862

2. Name of Corporation

ASSOCIATED TRADES, INC.

3. Street Address Principal Business Office

210 WILLET ROAD

4. Business Phone No.

(401) 295-5147

5. State of Incorporation

RHODE ISLAND

City

SAUNDERSTOWN

State

RI

Zip

02874

6. SIC Code
232

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

GENERAL PLUMBING CONTRACTING SERVICES

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

DAVID B. ENGLAND

Street Address

210 WILLET ROAD

City

SAUNDERSTOWN

State

RI

Zip

02874

Secretary Name

DAVID B. ENGLAND

Street Address

City

State

Zip

Vice President Name

DAVID B. ENGLAND

Street Address

City

State

Zip

Treasurer Name

DAVID B. ENGLAND

Street Address

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

DAVID B. ENGLAND

Street Address

210 WILLET ROAD

City

SAUNDERSTOWN

State

RI

Zip

02874

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

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

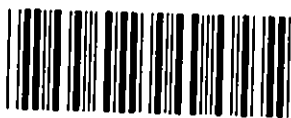
Par Value

600

COMMON

NO PAR

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



* 9 4 8 6 2 *

File Date: 3-15-02

Check No.: 1543

By: [Signature]

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

DAVID B. ENGLAND

Date

Print or Type Name of Officer

PRESIDENT

Title of Officer

5



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

Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3046

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.
94862

2. Name of Corporation
ASSOCIATED TRADES, INC.

3. Street Address Principal Business Office
210 WILLET ROAD

City
SAUNDERSTOWN

State
RI

Zip
02874

4. Business Phone No.
(401) 295-5147

5. State of Incorporation
RHODE ISLAND

6. SIC Code
232

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL PLUMBING CONTRACTING SERVICES

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
DAVID B. ENGLAND

Vice President Name
DAVID B. ENGLAND

Street Address
210 WILLET ROAD

Street Address

City
SAUNDERSTOWN State
RI

Zip
02874

City

State

Zip

Secretary Name
DAVID B. ENGLAND

Treasurer Name
DAVID B. ENGLAND

Street Address

Street Address

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
DAVID B. ENGLAND

Director Name

Street Address
210 WILLET ROAD

Street Address

City
SAUNDERSTOWN State
RI

Zip
02874

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City
State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

600

COMMON

NO PAR

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



* 9 4 8 6 2 *

File Date: **3-12-01**

Check No.: **1322**

By: **2**

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.

David B. England **3-9-01**
Signature of Officer Date
DAVID B. ENGLAND

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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 **2000**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94862** 2. Name of Corporation **ASSOCIATED TRADES, INC.**
3. Street Address Principal Business Office **210 WILLET ROAD** City **SAUNDERSTOWN** State **RI** Zip **02874**
4. Business Phone No. **(401) 295-5147** S. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island **GENERAL PLUMBING CONTRACTING SERVICES.**

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

President Name DAVID B. ENGLAND Street Address 210 WILLET ROAD City SAUNDERSTOWN State RI Zip 02874	Vice President Name JAMES MULCAHEY Street Address 210 WILLET RD City SAUNDERSTOWN State RI Zip 02874
Treasurer Name MARY McNULTY Street Address 121 FERRY ROAD City SAUNDERSTOWN State RI Zip 02874	Director Name MARK DONOVAN Street Address GRIFFITH ROAD City SAUNDERSTOWN State RI Zip 02874

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

Director Name DAVID B. ENGLAND Street Address 210 WILLET ROAD City SAUNDERSTOWN State RI Zip 02874	Director Name MARK DONOVAN Street Address GRIFFITH ROAD City SAUNDERSTOWN State RI Zip 02874
--	--

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

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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

Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR

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

File Date: **4/14/00**
Check No.: **005**
By: **[Signature]**
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 **David B. England** Date
DAVID B. ENGLAND
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 941862		2. Name of Corporation ASSOCIATED-TRADES, INC.	
3. Street Address Principal Business Office 210 WILLET ROAD		City SAUNDERSTOWN	State RI
4. Business Phone No. (401) 295-5147		5. State of Incorporation RHODE ISLAND	6. 02874
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL PLUMBING-CONTRACTING-SERVICES		0232	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DAVID B. ENGLAND		Vice President Name JAMES-MULCAHEY	
Street Address		Street Address	
City 210 WILLET ROAD State RI Zip 02874		City SAUNDERSTOWN State RI Zip 02874	
Secretary Name MARY McNULTY		Treasurer Name MARK-DONOVAN	
Street Address		Street Address	
City 121 FERRY ROAD State RI Zip 02874		City SAUNDERSTOWN State RI Zip 02874	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DAVID B. ENGLAND		Director Name	
Street Address		Street Address	
City 210 WILLET ROAD State RI Zip 02874		City	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	ISSUED SHARES
1000	COMMON	NO PAR	Number of Shares
			Class/Series
			Par Value
			600
			COMMON
			NO PAR

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

File Date: **Mar 17, 99**
Check No.: **1317**
By: **DB**

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.

David B. England **2/28/99**
Signature of Officer Date

DAVID B. ENGLAND

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-277-3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **94862** 2. Name of Corporation **ASSOCIATED TRADES, INC.**
3. Street Address Principal Business Office
210 WILLET ROAD City **SAUNDERSTOWN** State **RI** Zip **02874**
4. Business Phone No. **(401) 295-5147** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**
7. Brief Description of the Character of Business Conducted in Rhode Island

GENERAL PLUMBING CONTRACTING SERVICES

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

President Name DAVID B. ENGLAND Street Address 210 WILLET ROAD City SAUNDERSTOWN State RI Zip 02874 Secretary Name MARY McNULTY Street Address 121 FERRY ROAD City SAUNDERSTOWN State RI Zip 02874	Vice President Name JAMES MULCAHEY Street Address % DAVID B. ENGLAND 210 WILLET RD City SAUNDERSTOWN State RI Zip 02874 Treasurer Name MARK DONOVAN Street Address GRIFFITH ROAD City SAUNDERSTOWN State RI Zip 02874
---	--

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

Director Name DAVID B. ENGLAND Street Address 210 WILLET ROAD City SAUNDERSTOWN State RI Zip 02874	Director Name Street Address City State Zip Director Name Street Address City State Zip
--	--

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR

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

File Date: **5-5-98**
Check No.: **1226**
By: **AMF**
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.

David B England 3-9-98
Signature of Officer
DAVID B. ENGLAND Date
Print or Type Name of Officer
PRESIDENT
Title of Officer