



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. 128567 | | 2. Name of Corporation Emergency Response Plumbing & Heating, Inc. | | | |
| 3. Street Address Principal Business Office 1083 MAIN AVE | | | City WARWICK | State R.I. | Zip 02886 |
| 4. Business Phone No. 401-737-3511 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE ACQUISITION, SALE, REPAIR AND SERVICING OF PLUMBING, HEATING, AIR CONDITIONING, SEWER AND DISPOSAL EQUIPMENT | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name RAYMOND W. CHRISTIANSEN | | | Vice President Name | | |
| Street Address 1083 MAIN AVE | | | Street Address | | |
| City WARWICK | State R.I. | Zip 02886 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| 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 None | | | Director Name | | |
| Street Address | | | 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) <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 |
| 100 NO PAR VALUE | | | None | | |

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



File Date 1/18/05
Check No 462
By: DA
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] 1-15-05
Signature of Officer Date
RAYMOND W. CHRISTIANSEN
Print or Type Name of Officer
President
Title of Officer



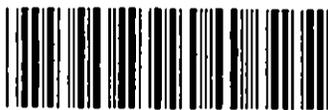
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| President Name RAYMOND CHRISTIANSEN | | | Vice President Name Vacant | | |
| Street Address 1083 MAIN AVE | | | Street Address | | |
| City WAWWICK | State RI | Zip 02886 | City | State | Zip |
| Secretary Name Raymond Christiansen | | | Treasurer Name Raymond Christiansen | | |
| Street Address Same | | | Street Address Same | | |
| 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 RAYMOND CHRISTIANSEN | | | Director Name | | |
| Street Address 1083 MAIN AVE | | | Street Address | | |
| City WAWWICK | State RI | Zip 02886 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
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| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 NO PAR VALUE | | | 10 | | no par |

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



* 1 2 8 5 6 7 *

File Date 1-26-04
 Check No. 8902
 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] 12-26-03
 Signature of Officer Date
 RAYMOND CHRISTIANSEN
 Print or Type Name of Officer
 PRESIDENT/DIRECTOR
 Title of Officer