

#### 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 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January	: 1 - March 1 •	Filing Fee: \$50.00	OKI TOK TILL	1 B/(I(	
FORM MUST BE TYPED					
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97168	MILLER M	IECHANICAL, INC.			
3. Street Address Principal L	Business Office	<del></del>	City	State	Zip
871 CENTRAL AVE	ENUE		PAWTUCKET	RI	02861
4. Business Phone No.		5. State of Incorporat	tion		6. SIC Code
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7. Brief Description of the C			B. 140 DOD DEGIDENTAL	AND COLOMBOZIAL N	TRANCES.
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William C. Mill	er		.William C. Mil	ler	
Street Address			Street Address		
871 Central Ave	nue		. 871 Central Av	enue	
City	State	Zip	City	State	Zip
Pawtucket	RI	02861	Pawtucket	RI	02861
Secretary Name	• • • • • • • •		Tréasurer Name		
William C. Mill	er		[William C. Mil]	ler	
Street Address	<del></del>		* Street Address		
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9. NAMES AND ADDI	RESSES OF THE D	RECTORS C'X" BOX FO	RATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
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City	State	Zip	·City	State	Zip
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9 7	1 6 8		Under penalty of p	erjury, I declare and affirm	n that I have examined
			this report, includir	ng any accompanying scho	coules and statements,
*97168 DBC 02/10	/05 03:55:15 PM	•	and that all stateme	ents contained herein are t	
97 100 000 027 10			William	· Mill.	2.23.05
File Date		<del>_</del> .h	//	- /100	
		098711	Signature of Officer		()ate
Check No. MAR	<u>0 2 2005 /</u>	<u> </u>	William C.	Miller	
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FOR SECRETARY OF ST	TATE USE ONLY	1	President		
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### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $\_$	2004
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State   Stat	Same as above   Same	State   Pawtucket   RI   O286   RI   O28	orperate ID No	2 Name of Corpore				
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William C. Miller  William C. Miller  Street Address 871 Central Avenue  Pawtucket RI	William C. Miller  **Milliam C. Miller**  **Milliam C. Miller**  **Milliam C. Miller**  **Pawtucket RI 02861 Pawtucket RI 02861.**  **Pawtucket RI 0286	William C. Miller  William C. Miller  William C. Miller  Start Address 871 Central Avenue  Pawtucket  RI  02861  Pawtucket  RI  02861  Pawtucket  RI  02862  Pawtucket  RI  02863  Pawtucket  Pawtucket  RI  02864  Pawtucket  RI  02865  Pawtucket  RI  02865  Pawtucket  RI  02866  Pawtucket  RI  02866  Pawtucket  RI  02866  Pawtucket  RI  02866  Pawtucket  Pawtucket  RI  02866  Pawtucket  RI  02866  Pawtucket  William C. Miller  William C. Miller  Street Address  Same as above  Same as above  View Address  Street Address  St		SES OF THE OFFICE	EKS: ("X BUX FUR AI	. –	PACES BEFORE USING	ATTACHMENTS
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		Under penalty of perjury, I declare and affirm that I have examine	E= 0 9	<del>'971-6-8</del> ≂=™	***	including any accomp	panying schedules and state	ements, and that all
Under penalty of perjury, I declare and affirm that I have examined under any accompanying schedules and statements, and that contained herein are true and correct.	Under penalty of perjury. I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct.	including any accompanying schedules and statements, and that a contained herein are true and correct.	ile Date		_	William	June-	
Under penalty of perjury. I declare and affirm that I have examined under the statements and that contained herein are true and correct.  **Date** Date** **Date** **	Under penalty of perjury. I declare and affirm that I have examined to including any accompanying schedules and statements, and that all contained herein are true and correct.  Date 2.9.04	including any accompanying schedules and statements, and that a contained herein are true and correct.  William Will 2.9.04	heck No. RAID 1	0. 2001		Signature of Officer		Date
Under penalty of perjury. I declare and affirm that I have examined including any accompanying schedules and statements, and that contained herein are true and correct.  Signature of Officer	Under penalty of perjury. I declare and affirm that I have examined to including any accompanying schedules and statements, and that all contained herein are true and correct.  **Date**	including any accompanying schedules and statements, and that a contained herein are true and correct.    Signature of Officer   December 2.9.04	TECK NO MAK 1	<del>&gt; 2004</del> ·· —	<del>-</del>			
Under penalty of perjury. I declare and affirm that I have examined including any accompanying schedules and statements, and that contained herein are true and correct.  Signature of Officer	Under penalty of perjury, I declare and affirm that I have examined to including any accompanying schedules and statements, and that all contained herein are true and correct.  Signature of Officer  Date	including any accompanying schedules and statements, and that a contained herein are true and correct    All   All	<u> </u>	14649	_			
Under penalty of perjury, I declare and affirm that I have examined under the statements and statements, and that contained herein are true and correct.  Signature of Officer  William C. Miller	Under penalty of perjury. I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct.    Signature of Officer   Date	including any accompanying schedules and statements, and that a contained herein are true and correct.  Signature of Officer Do  William C. Miller	ليلسب واحد	70-14-71	_	President		
Under penalty of perjury. I declare and affirm that I have examined under penalty of perjury. I declare and affirm that I have examined under any accompanying schedules and statements, and the contained herein are true and correct.  Signature of Officer  William C. Miller  Print or Type Name of Officer  President	Under penalty of perjury. I declare and affirm that I have examined to including any accompanying schedules and statements, and that all scontained herein are true and correct.  William Will: 2.9.04  Signature of Officer Date  William C. Miller  Print or Type Name of Officer  President	including any accompanying schedules and statements, and that a contained herein are true and correct.  Signature of Officer  William C. Miller  Print or Type Name of Officer  President	FOR SECRETARY C	F STATE USE ONLY	1	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 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 Filing Fee: \$50.00

iling Period: January ORM MUST BE TYPED		Filing Fee: \$50.00				
. Corporate ID No. *97168*	2. Name of Corp	poration ECHANICAL, INC.				
. Street Address Principal I			City PAWTUCKET	State RI	2ip 02861	
871 CENTRAL AVE	ENUE	15. State of Incorpo	,,,,,,		6 SIC Code	
. Business Phone No. 4017259364		RHODE ISL	AND		232	
7. Brief Description of the C TO INSTALL, REPA	haracter of Business CIR AND SELL HE	onducted in Rhode Island ATING AND COOLING	UNITS FOR RESIDENTIAL	AND COMMERCIAL PUR	POSES.	
8 NAMESAND ADDI	OFFITH CONTRACTOR	11(47\5)(47)2001	Vice President Name	<u>(बन्द्राहेन् २०११ महिन्द्राहरू अह</u>	KOTALELIS OF THE	
William C. Mill	er		. William C.Mille	r		
Street Address			Street Address			
87: Central Ave	nue		.871 Central Ave	nue		
City Pawtucket	State RI	Zip   02861	City Pawtucket	State   RI	7 <i>sp</i> 02861	
ecretary Name			Treasurer Name	~ <del>~</del>		
WIlliam C. Mill	er		.William C. Mille			
Street Address			Street Address			
same as above	,		.Same as above			
City	State	Zip	City	State	ZAP	
STAMES (ADVADO	USSESSOFTHEED	nneiors 4440.	Director Name	DESTINATION (CO.	AUNACUATIONS, CATAL	
Director Name	law		•			
William C. Mill			· Street Address			
Street Address			•			
same as above	State	Zıp	· City	State	Zip	
City	State	Lip.				
Director Name Street Address	· · · · · · · · · · · · · · · · · · ·		Director Name Street Address			
			City	State		
City	State	Zip	•	_		
O WIND ASSESSMENT OF THE OTHER	NIZEDYST LOS	O WILKELMENTON D	Andreussies or district	THE PROPERTY OF STREET		
AUTHORIZED SHARES		Par tain	isorium suapus	C143/00/100		
Number of Shares	Class/Series			————·		
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				į	<u> </u>	
				$= -\frac{1}{2} - \frac{1}{2} - \frac$	L	
This papart must he	signed in ink by	ither the President,	Vice President, Secretary, Ass	istant Secretary, Treas	arer, necessor of the	
Inis report must be	signed in this my					
1 12 8 4 8 1	BUR 188 BE 11848 BHIZE 1811 1811 18	<b>]</b>				
		<u>l</u> l	Under penalty of D	erjury, I declare and affirm	that I have examined	
+ 9	7 1 6 8	:	والمرامية مساهدات	and accompanyiting acits	Quica and amit	
			and that all stateme	ents contained herein are t	rue and correct.	
*97168 DBC8/14/	(034:23:33 PM*	<u>,                                    </u>	11/11/	(1) (1)	G	
· · · C	7.23.0	<b></b>	017476	en / W	Date	
File Date 4 2015			Signature of Officer	s 4:thos	\$7MIC	
			William C.	Miller		
Check No				of Officer		
Check No	ລ	1	Print or Type Name of Officer			
	<u>a</u>					
Check No	STATE USE ONLY	\	Print or Type Name President Title of Officer		Form 630	

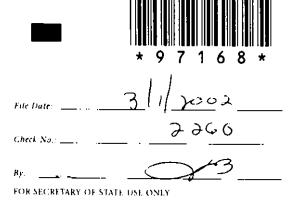
Edward S. Inman, III. Secretary of State Corporations Division 199 North Main Street, Providence, RI 02903-1335 401-222 3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 97168 **MILLER MECHANICAL, INC.** 3. Street Address Principal Business Office City State Pawtucket RΙ 02861 871 Central Avenue 4 Business Phone No 5. State of Incorporation 6 SIC Code 232 RHODE ISLAND 401/725-9364 7 Brief Description of the Character of Business Conducted in Rhode Island Cooling and heating systems installed - residential and commercial 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Prevident Name Vice President Name William C. Mill er William C. Miller Street Address 871 Central Avenue 871 Central Avenue Zip Zip Pawtucket RI 02861 Pawtucket RI 02861 Secretary Name Treasurer Name William C. Miller William C. Miller Street Address Street Address same as above same as above Mate State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name William C. Miller Street Address Street Address same as above Ote State Zip City State Director Name Director Name Street Address Street Address State City State 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Senes Par Value 1,000 NO PAR VALUE 1,000 common none

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 that all statements contained herein are true and correct.

Signature of Officer	C	Males	- issue last	2.5.0
			•	

Will	iam C.	Miller	
was a lam	\$2.00		

Title of Officer ≪i≯ 5

	•	
President		

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

Zip

02861

6. SIC Code

State

RI

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

5. State of Incorporation

RHODE ISLAND

City

Pawtucket

2. Name of Corporation
MILLER MECHANICAL, INC.

ining renow: juntary 1- munch 1	-	Tinng Fee. \$30.00
(FORM MUST BE TYPED IN BLACK)		

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

1. Corporate ID No.

4. Business Phone No.

97168 3 Street Address Principal Business Office

401/725-9364

FOR SECRETARY OF STATE USE ONLY

871 Central AVenue

Cooling and he 8. NAMES AND ADDRES President Name	eating syst	tems installe ICERS ("X" BOX FOR ATT	ed - residential FACHMENT) FILL IN SPACES Vice President Name	and commercia BEFORE USING ATTAC	HMENTS
William C. Mi	ller		William C.	Miller	
871 Central A	venue State	Zip	871 Central	Avenue State	Zip
Pawtucket Secretary Name	RI	02861	Pawtucket Treasurer Name	RI	02861
William C. Mi	ller		William C. Street Address	Miller	
same as above	State	Zip	same as abo	ve State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS
William C. Mi.	ller		Street Address		
same as above		_	. <del>-</del>		
City	State	Zip	City	State	Zip
Duector Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT	,
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Volue
1,000 NO PAR VA	LUE		1,000	common	none
This report must be sign	acd in ink by eit	her the President, Vi	ce President, Secretary, Ass	istant Secretary, Treasi	urer, Receiver or Trustee
—— : IIIIIII	9 7 1 6 8	<b>*</b>  ■6	Under penalty of p	erjury, I declare and affire	n that I have examined

this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

William C. Miller

Print or Type Name of Officer President

Title of Officer

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

STOP PLING BLAD INSIDE TROOP

02861

/	 		

2. Name of Corporation

RI

1. Corporate ID No.

Pawtucket

William C. Miller

Secretary Name

Street Address

AUTHORIZED SHARES

97168 MILLER MECH 3 Street Address Principal Business Office	ANICAL, INC.	State	Zip
871 Central Avenue	5. State of Incorporation	t RI	02861 6 SIC Code
401/725-9364 7. Brief Description of the Character of Business Conducted in R	RHODE ISLAND hode Island		232
Cooling and heating systems. NAMES AND ADDRESSES OF THE OFFICE OFFICE OF THE OFFI			
William C. Miller Street Address	William (	C. Miller	
871 Central Avenue	871 Cent	ral Avenue	7 in

Pawtucket

William C. Miller

Treasurer Nume

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

02861

Director Name Street Address Street Address City same as above 2.ip Zip City State Director Name Director Name Street Address Street Address City City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

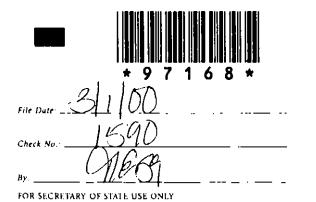
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

1,000 NO PAR VALUE

1,000 Common none

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

ISSUED SHARES



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.

Wilham Mill preside Date

RΙ

William Miller - President
Print or Type Name of Officer

President \_\_\_\_\_

Title of Officer

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

STOP

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

(FORM MUST BE TYPED IN BLACK)

97168	MILLER MECH	ANICAL, INC.			
Street Address Principal Business Off	ice		City	State	Zip
871 Central	Avenue	5 State of Incorporation	Pawtucket	RI	02861
401/725–9364 Brief Description of the Character of		RHODE ISLAND  de Island			232
. NAMES AND ADDRESSE	_			mmercial BEFORE USING ATTACH	MENTS 3
esident Name William C. I reet Address	Miller		Vice President Name William C. M Street Address	iller .	
871 Central			871 Central		_
Pawtucket  Cretary Name	State RI	02861	City  Pawtucket  Treasurer Name	State RI	z <sub>ιρ</sub> 02861
William C. Miller			William C. Mil	ler	
same as above	State	Zιφ	same as above	State	Zip
. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	CHMENTS
William C. Miller	c		Street Address		
same as above	State	Zip	City	State	Zip
irector Name			Director Name	•	
iect Addiess			Street Address		
rity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATTACHN	MENT)	11. SHARES ISSUED (	'TX" BOX FOR ATTACHMENT)	. • • • • • • • • • • • • • • • • • • •
umber of Shares	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value
1,000 NO PAR VALUE		Ţ	1,000	Common	Nu
				_	
nis report must be signed	in ink by either t	ihe President, Vice F	resident, Secretary, Ass	istant Secretary, Treasui	er, Receiver or Truste
# Y		•	Under penalty of p	erjury, I declare and affirm	that I have examined

Front or Type Name of Officer

President

Title of Officer

FOR SECRETARY OF STATE USE ONLY



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 1998

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

(FORM MUST BE TYPED IN BLACK)

Str

Corporate ID No.	2. Name of Corporation	n			
Street Address Principal Busi		MECHANICAL, IN	C . City	State	Zip
Business Phone No.	kkumeetk 871 Cent	ral Avenue 5. State of Incorporation	Pawtucket	RI	02861 6. SIC Code
401.725.9364	1 racter of Business Conducted in	RI Rhode Island			0232
Cooling& hea NAMES AND ADD	ating uni <b>t</b> s RESSES OF THE OFFIC	installed in ERS (*x* BOX FOR ATTACH	residences and (MENT) Vice President Name	comercial bl	dgs
William C. Neet Address RI 02861	Miller 54 Clar	ner St., Pawt	• Street Address	11	
ly	State	Zip	City	State	Zip
cictary Name			Treasurer Name	Ħ	
reet Address			Street Address		
ty	State	Zip	City	State	Zip
NAMES AND ADD	RESSES OF THE DIRE	CTORS (*X* BOX FOR ATTA	ACHMENT) Director Name		•
William C.	Miller		Street Address		
54 Clarner	Street, Pawtu State	cket, RI 0286	51 City	State	Zip
irector Name			Director Name		
reet Address			Street Address		
if)	State	Zip	City	State	Zıp
O. SHARES AUTHOR	RIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (	*X* BOX FOR ATTACHMEN	<b>T</b> )
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	NO PAR	1000	Common	NO

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

<del></del>		Under penalty of perjury
,	/	this report, including an
/		that all statements conta
File Date: 3/35	<del>7/98</del>	P. Willian
Check No.:	<u>#63</u>	Signature of Officer
	12.88	Print or Type Name of Officer
Ву:	<del></del> -	Dungidant
FOR SECRETARY OF STATE USE ONE	<u> </u>	

der penalty of perjury, I declare and affirm that I have examined s report, including any accompanying schedules and statements, and it all statements contained herein are true and correct.

WILLIAM C. MILLER 3/6/98

\_Pres<u>ident</u>\_ Title of Officer