

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Siveet Procidence, RI 02903-1335 401-222-3040

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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 BIACK)

1 Corporate ID No	2 Name of Gorpon	atem	· · · · · · · · · · · · · · · · · · ·		
105374	J.M. Cooper	Co., Inc.	<u> </u>		
3 Street Address Principal Business 1015 Aguidi	neck Ave		Middletown	State RI	0284 Z
4 Business Phone No 6 401 - 846 - 16	A 77	5 Note of Incorporation			G SIC Code
7 Brief Description of the Characte.	r of Business Conducted	RHODE ISLAN			
SHEET METAL WORK, HEATING UNITS. 8. NAMES AND ADDRESSE	, ROOFING, FABRI	CATION AND INSTALLAT	ION OF DUCT WORK TOR AIR CO TACHMENT) □ □ FILL IN SPA	CES BEFORE USIN	
President Name	e 1.		Vice President Name	()	
George R. C	Myeira		Anne F. O	11 veira	
44 Woodland	br.		Street Address 44 Woodlar Guy	id Dr.	
Portsmouth	State RI	02871	Portsmouth	RI RI	02871
	Oliveira			veira	
Street Address 97 Folbo	ro Ave	-	44 Woodlas Cus Portsmouth	nd Dr.	
Portsmouth	RI	02871		•	02871
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	TORS: ("X" BOX FOR A	TTACHMENT) FILL IN SI	PACES BEFORE US	ING ATTACHMENTS
None			None		
Street Address			Street Address		
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Director Name		J	Director Name		
Director Name None		J	Director Name None		
		J			
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None Succe Address City 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares 100 COMM NO PAR VALU This report must be	("X" BOX FOR /	Par Value	Sheet Address City 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares None President, Secretary, Assistant States Under penalty of perjury	Class/Series Class/Series Secretary, Treasurer A, I declare and affirm tying schedules and st	Par Value Par Value Receiver or Trustee that I have examined this report.
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None Street Address Otto 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares 100 COMM NO PAR VALU This report must be File Date	("X" BOX FOR /	Par Value	None Sheet Address City 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares None President, Secretary, Assistant Stant	Class Series Class Series Secretary, Treasurer The declare and affirm the sying schedules and stee and correct. R Clive	Par Value Par Value Receiver or Trustee that I have examined this report, atements, and that all statements Will 1-7-05
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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 2004	ROFIT CORP	PORATION AN	NUAL REPORT	FOR THE	YEAR	2004
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 2 Name of Corporation 105374 J.M. Cooper Co., Inc. Street Address P Middletown 02842 6 SIC Gode 5 State of Incorporation 401-846-1607 RHODE ISLAND Brief Discription of the Character of Business Conducted in Rhode Island
SHEET METAL WORK, ROOFING, FABRICATION AND INSTALLATION OF DUCT WORK FOR AIR CONDITIONING AND WARM AIR HEATING UNITS.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS George R. Oliveira Oliveira LOX BORO PORTS MOUTH FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Director Name NONE NONE Street Address Street Address Zψ State Zφ City Director Name Director Name NONE NONE Sirvet Address Street Address State Zψ CuvCity Zıp 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class Series Number of Shares Clas Series Par Value 0 NONE 100 COMM NO PAR VALUE 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

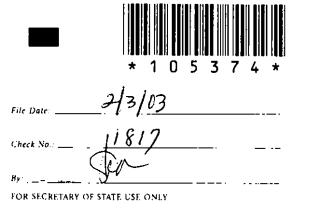
contained herein are true and correct. File Date _______ FOR SECRETARY OF STATE USE Form 630 Rev. 12/03

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 _

Filling Period: Janu	ary 1-March 1 •	Filing Fee: \$50.00			ENSTRUC
FORM MUST BE TYPED OR I 1. Corporate ID No. 105374	PRINTED IN BLACK) 2. Name of Corpora J.M. Coopel				
401 - 846-16 7. Brief Description of the Cha	iness office Clinick Av	S. State of Incorporation RHODE ISLAND In Rhode Island	Middle town	R F	219 0 28 4 2 6. SIC Code 0
President Name		ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTA	CHMENTS
George R. C	liveira		Anne F. Oli	veira	
44 Woodlar	nd Drive		Street Address 44 Woodle	and Drive	
City POITSMOUTH Secretary Name		02.871	City Portsprowth	, State RI	02571
David M. C	Oliveira		Anne F. O	liveira	
97 Foxboro	Ave		Street Address 44 LUONALO	and Drive	
Portsmouth	State RI	02571	Cay Portemouth	State RI	02.871
Director Name	RESSES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	Director Name	BEFORE USING ATI	ACHMENTS
N/A Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (TX		T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR V	/ALUE				

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.	
$A \sim O(A)O(A)$	
Signature of Office R. Oleverico	
Signature of Officer Date	
George R.Oliveira	
Print or Type Name of Officer	
President	

Title of Officer -t-⊋≥ 5

Farm 630 12/02

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



FORM MUST BE TYPED IN BLAC	:κ)				1.572.0
1. Corporate ID No	2. Name of Corpora	tron			\
105374	J.M. Cooper	Co., Inc.			
3. Street Address Principal Business (Office	•	City	State	Zig
99 East Mair	1 Kd		Middletown	RI	62842
4 Business Phone No		5 State of Incorporation			b. SIC Code
8461667 2. Blief Description of the Character of		RHODE ISLAND			0
Chan I master	of Business Conducted i	n Khode Island			
Sheet metal	CONTITUEFOR				
8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATTACH		EFORE USING ATTA	CHMENTS
GEURGE R. C	BLIVEIRA		Vice President Name Akt N/15 F Z Z	11/2/01	
Street Address			ANNE F. CL.	IVEIRA	
44 WOUDLAND	DRIVE		44 WOUDLIAN	a he	
· .		Zip			Zip
PORTSMOUTH	R T	62871	FORTS MOUTH	RI	02871
Secretary Name			Ircasurer Name		
DAVID CLIVE	RA		ANNE F. OL	IVEIRA	
Street Address	nu-		Street Address		
CONTRACTOR	AVE		44 WORDLAND		
Cay TT FOXBORD PORTSMOJITH	e T	zip 02871	FOR FINGUIT	* State D T	62571
9. NAMES AND ADDRESSI	トレー ES OF THE DIRE		•		
Director Name	01 1111, 1711	COLORS ON DON FOR ATTAC	Director Name	BEFORE USING ATT	IACHMENTS
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AV-					
City	State	Zip	City	State	Zφ
Director Name					
•			Director Name		
Street Address			Street Address		
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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 perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Heorge	<u>R.</u>	<u> Oliveira</u>	1-24-0
Signature of Officer	_	Date	

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Ceorge cont or Type Name of Office	<u> </u>	livel	ra		
test or Type Name of Office	et.			•	

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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. 105374 2. Name of Corporation J.M. Cooper 3 Street Address Principal Business Office City State 99 East Main Road Middletown R.I. RHODE ISLAND (401)846-1607 7. Brief Description of the Character of Business Conducted in Rhode Island Sheet Metal and Ductwork fabrication 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name George R. Oliveira Anne F. OLiveira Street Address Street Address 44 Woodland Drive 44 Woodland Drive City Zip 02871 Portsmouth R.I. Portsmouth R.I. 02871 Secretary Name Treasurer Name David Oliveira Anne F. Oliveira Street Address Street Address 97 Foxboro Avenue 44 Woodland Drive: City City 02871 Portsmouth R.I. 02871 Portsmouth 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address Zip City State ZipDirector Name Director Name None Street Address Street Address City State 210 City State Z_{ip} 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES

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

Number of Shares

None



Class/Series

Par Value

Number of Shares

100 COMM NO PAR VALUE

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.

Class/Series

that all statements contained herein are true and	d correct.
Alarge R. Oliveira	1-12-41
Marge C. (Mevera	_1-12-01
Signature of Officer	Date
George R. Oliveire	
George IN, Universe	<u> </u>
Print or Type Name of Officer	

Prendent

F /20 13/00

Par Value



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: Januar)	v I-March 1 •	Filing Fee: \$50.00	ONI TOR THE		
FORM MUST BE TYPED IN BL					
Corporate ID No. 105374	2 Name of Corporati	er Co., Inc.			
3. Street Address Principal Business	s Office		City	State	Zip
99 East Main 1. Business Phone No. 401 946-1607	Road P.O.	Box 4691 State of Incorporation RHODE ISLAND	Middletown	R.I.	0 2 8 4 2 6. SIC Code
401 846-1607 T. Brief Description of the Characte	r of Business Conducted in				
Sheet Metal W	Nork, roofin	ng and installat CERS ("X" BOX FOR ATTACH	tion of duct wo MENT) FILL IN SPACES B Vice President Name	ork Before Using Attac	CHMENTS
George Olivei	ra		Anne F. Olive	eira	
44 Woodward D	Orive State	Zip	44 Woodward D	Orive State	Zip
Portsmouth R	R.I.	02871	Portsmouth	R.I.	02871
ecretary Name			Treasurer Nume		
David M. Oliv	eira		Anne F. Olive	eira	
ireet Address 97 Foxboro Av	'enue		Street Address 44 Woodward D)rivo	
ity	State	Zip	44 Woodward D	Jrive State	Zip
Portsmouth	R.I.	02871	Portsmouth	R.I.	02871
		CTORS ("X" BOX FOR ATTAC		S BEFORE USING ATT	
Director Name	-		Director Name	_ v.u. r w r s a a	
treet Address			Street Address		
ity	State	Zip	City	State	Zip
rector Name			Director Name		
treet Address			Street Address		
uty	State	Z.1p	City	State	Zıp
O. SHARES AUTHORIZE UTHORIZED SHARES	ED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X	x* BOX FOR ATTACHMEN.	τ)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	AUG 1 5 2800 DUAY
Check No.:	AUG 1 5 2800 0699
	SZCY OF STATE

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 aure J. Oliveire	8/10/00
Signature of Officer	Dhie

ANNE F. OLIVEIRA Print or Type Name of Officer

100 comm no par value

Title of Officer PRESTDENT