



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 105374		2. Name of Corporation J.M. Cooper Co., Inc.		
3. Street Address Principal Business Office 1015 Aquidneck Ave		City Middletown	State RI	Zip 02842
4. Business Phone No. 401-846-1607		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name George R. Oliveira		Vice President Name Anne F. Oliveira		
Street Address 44 Woodland Dr.		Street Address 44 Woodland Dr.		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
Secretary Name David M. Oliveira		Treasurer Name Anne F. Oliveira		
Street Address 97 Foxboro Ave		Street Address 44 Woodland Dr.		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
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 None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100 COMM NO PAR VALUE		0	None	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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.

George R Oliveira 1-7-05
Signature of Officer Date

George R Oliveira
Print or Type Name of Officer

President
Title of Officer

File Date 4/10/05
Check No 2593
By W.

FOR SECRETARY OF STATE USE ONLY



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 3940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 105374		2. Name of Corporation J.M. Cooper Co., Inc.		
3. Street Address Principal Business Office 1015 Aquidneck Ave.		City Middletown	State RI	Zip 02842
4. Business Phone 401-846-1607		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name George R. Oliveira		Vice President Name Anne F. Oliveira		
Street Address 44 WOODLAND DR.		Street Address 44 WOODLAND DR		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI
Secretary Name DAVID M OLIVEIRA		Treasurer Name Anne F. OLIVEIRA		
Street Address 97 FOX BORO AVE		Street Address 44 WOODLAND DR		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI
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 NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
100 COMM NO PAR VALUE		0	NONE	

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



* 1 0 5 3 7 4 *

File Date **FILED**
Check No. **JAN 05 2004**
By: **2182 GAN**
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.

George R Oliveira
Signature of Officer
George R. Oliveira
Print or Type Name of Officer
President
Title of Officer



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.

105374

2. Name of Corporation

J.M. Cooper Co., Inc.

3. Street Address Principal Business Office

1015 Aquidneck Ave.

City

Middletown

State

RI

Zip

02842

4. Business Phone No.

401-846-1607

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Sheet metal contractor

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

George R. Oliveira

Vice President Name

Anne F. Oliveira

Street Address

44 Woodland Drive

Street Address

44 Woodland Drive

City

Portsmouth

State

RI

Zip

02871

City

Portsmouth

State

RI

Zip

02871

Secretary Name

David M. Oliveira

Treasurer Name

Anne F. Oliveira

Street Address

97 Foxboro Ave

Street Address

44 Woodland Drive

City

Portsmouth

State

RI

Zip

02871

City

Portsmouth

State

RI

Zip

02871

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

N/A

Director Name

N/A

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)

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

AUTHORIZED SHARES

ISSUED SHARES

None

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE



* 1 0 5 3 7 4 *

File Date: 2/3/03

Check No.: 11817

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.

George R. Oliveira
Signature of Officer Date

George R. Oliveira
Print or Type Name of Officer

President

Title of Officer

5

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

2. Name of Corporation

105374

J.M. Cooper Co., Inc.

3. Street Address Principal Business Office

99 East Main Rd

City

Middleton

State

RI

Zip

02842

4. Business Phone No

846-1667

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Sheet metal contractor

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

GEORGE R. OLIVEIRA

Vice President Name

ANNE F. OLIVEIRA

Street Address

44 WOODLAND DRIVE

Street Address

44 WOODLAND DR.

City

PORTSMOUTH

State

RI

Zip

02871

City

PORTSMOUTH

State

RI

Zip

02871

Secretary Name

DAVID OLIVEIRA

Treasurer Name

ANNE F. OLIVEIRA

Street Address

17 FOXBORO AVE

Street Address

44 WOODLAND DRIVE

City

PORTSMOUTH

State

RI

Zip

02871

City

PORTSMOUTH

State

RI

Zip

02871

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

Director Name

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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



* 1 0 5 3 7 4 *

File Date

2/20/02

Check No.

1423

By

George R. Oliveira

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.

George R. Oliveira 1-24-02
Signature of Officer Date

George R. Oliveira
Print or Type Name of Officer

President
Title of Officer



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

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



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 Co., Inc.**

3. Street Address Principal Business Office **99 East Main Road** City **Middletown** State **R.I.** Zip **02871**
4. Business Phone No. **(401)846-1607** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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	City
Portsmouth R.I.	Portsmouth R.I.
02871	02871
Secretary Name	Treasurer Name
David Oliveira	Anne F. Oliveira
Street Address	Street Address
97 Foxboro Avenue	44 Woodland Drive
City	City
Portsmouth R.I.	Portsmouth R.I.
02871	02871

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
City	City
Director Name	Director Name
None	None
Street Address	Street Address
City	City

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
		None

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



* 1 0 5 3 7 4 *

File Date: 1/8

Check No. 906

By: gc

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.

George R. Oliveira 1-12-01
Signature of Officer Date

George R. Oliveira
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 2000

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 Co., Inc.**

3. Street Address Principal Business Office
99 East Main Road P.O. Box 4691 City **Middletown** State **R.I.** Zip **02842**
4. Business Phone No. **401 846-1607** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

Sheet Metal Work, roofing and installation of duct work

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

George Oliveira

Street Address

44 Woodward Drive

City **Portsmouth** State **R.I.** Zip **02871**

Secretary Name

David M. Oliveira

Street Address

97 Foxboro Avenue

City **Portsmouth** State **R.I.** Zip **02871**

Vice President Name

Anne F. Oliveira

Street Address

44 Woodward Drive

City **Portsmouth** State **R.I.** Zip **02871**

Treasurer Name

Anne F. Oliveira

Street Address

44 Woodward Drive

City **Portsmouth** State **R.I.** Zip **02871**

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

Director Name

Street Address

City State Zip

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

100 COMM NO PAR VALUE

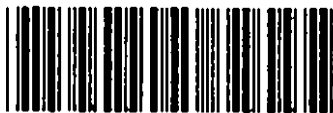
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

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



* 1 0 5 3 7 4 *

File Date: **AUG 15 2000**
Check No.: **0094**

SECY OF STATE

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 contained herein are true and correct.

X Anne F. Oliveira **8/16/00**
Signature of Officer Date

ANNE F. OLIVEIRA
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer