



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96976		2. Name of Corporation AIR DISTRIBUTION CORPORATION			
3. Street Address Principal Business Office 264 BODWELL STREET		City AVON		State MA	Zip 02322
4. Business Phone No. 508-588-9595		5. State of Incorporation MASSACHUSETTS			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island SALES REPRESENTATIVES FOR HVAC MANUFACTURERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WARREN E. CREAMER III			Vice President Name		
Street Address 264 BODWELL ST			Street Address		
City AVON	State MA	Zip 02322	City	State	Zip
Secretary Name			Treasurer Name JOHN J. LYONS III		
X <input checked="" type="checkbox"/> Attach			Street Address 264 BODWELL ST		
City	State	Zip	City AVON	State MA	Zip 02322
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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
200,000 COMM NO PAR VALUE					

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



96976

File Date	2-23-05
Check No	3073
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.

Warren E Creamer III 12/28/04
Signature of Officer Date

WARREN E CREAMER III
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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96976		2. Name of Corporation AIR DISTRIBUTION CORPORATION			
3. Street Address Principal Business Office 264 BODWELL STREET			City AVON	State MA	Zip 02322
4. Business Phone No. 508-588-9595		5. State of Incorporation MASSACHUSETTS			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTOR OF HVAC & SHEET METAL PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WARREN CREAMER			Vice President Name JOHN LYONS		
Street Address 264 BODWELL STREET			Street Address 264 BODWELL STREET		
City AVON	State MA	Zip 02322	City AVON	State MA	Zip 02322
Secretary Name WILLIAM BUSCH			Treasurer Name		
Street Address 264 BODWELL STREET			Street Address		
City AVON	State MA	Zip 02322	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			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
200,000	COMMON	NPV	621	COMMON	NPV

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

FILED

File Date MAR 31 2004

Check No. _____

By Warren E Creamer 3/20/04

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.

Warren E Creamer 3/20/04
Signature of Officer Date

Warren E Creamer
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01



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.

96976

2. Name of Corporation

AIR DISTRIBUTION CORPORATION

3. Street Address Principal Business Office

264 Bodwell Street

City

Avon

State

MA

Zip

02322

4. Business Phone No.

508-588-9595

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

2618

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

Distribution of HVAC and Sheet Metal Products

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Warren E. Creamer III

Vice President Name

Warren E. Creamer III

Street Address

58 Frothingham Street

Street Address

58 Frothingham Street

City

Milton

State

MA

Zip

02186

City

Milton

State

MA

Zip

02186

Secretary Name

same as above

Treasurer Name

same as above

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

Warren E. Creamer III

Director Name

Street Address

58 Frothingham Street

Street Address

City

Milton

State

MA

Zip

02186

City

State

Zip

Director Name

Michael W. Fargo

Director Name

Street Address

35 Iris Drive

Street Address

City

Merrimack

State

NH

Zip

03054

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

621

Common

NPV

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



* 9 6 9 7 6 *

File Date: 3.7.03

Check No.: 11456

By: IUP

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: Warren E. Creamer III 3/5/03

Warren E. Creamer III
President

Title of Officer

Form 650 1202



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. **96976** 2. Name of Corporation **AIR DISTRIBUTION CORPORATION**
3. Street Address Principal Business Office **57 R DOHERTY AVE.** City **AVON** State **MA** Zip **02322**
4. Business Phone No. **508-588-9595** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **2618**

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

DISTRIBUTION OF HVAC AND SHEET METAL PRODUCTS

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

President Name WARREN E. CREAMER III	Vice President Name WARREN E. CREAMER III
Street Address 58 FROTHINGHAM ST.	Street Address 58 FROTHINGHAM ST.
City MILTON State MA Zip 02186	City MILTON State MA Zip 02186
Secretary Name SAKE AS ABOVE	Treasurer Name SAKE AS ABOVE
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 WARREN E. CREAMER III	Director Name
Street Address 58 FROTHINGHAM ST.	Street Address
City MILTON State MA Zip 02186	City State Zip
Director Name MICHAEL W. FARGO	Director Name
Street Address 35 IRIS DR.	Street Address
City MERRIMACK State NH Zip 03054	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200,000 COMM NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
621	COMMON	NPV

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



* 9 6 9 7 6 *

File Date: **3/25/02**
Check No. **9486**
By **GAM**

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 **Warren E Creamer III** Date **3/28/02**
Print or Type Name of Officer **WARREN E. CREAMER III**
Title of Officer **PRESIDENT**



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. **96976** 2. Name of Corporation **AIR DISTRIBUTION CORPORATION**

3. Street Address Principal Business Office

27R DOHERTY AVE

City

AVON

State

MA

Zip

02322

4. Business Phone No

508-588-9595

5. State of Incorporation

MASSACHUSETTS

6. **2618**

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

DISTRIBUTION OF HVAC AND SHEET METAL PRODUCTS

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

President Name

WARREN E. CREAMER III

Vice President Name

WARREN E. CREAMER III

Street Address

34 FALMOUTH ST #2

Street Address

34 FALMOUTH ST #2

City **BELMONT** State **MA** Zip **02178**

City **BELMONT** State **MA** Zip **02178**

Secretary Name

SAME AS ABOVE

Treasurer Name

SAME AS ABOVE

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

WARREN E. CREAMER III

Director Name

Street Address

34 FALMOUTH ST #2

Street Address

City **BELMONT** State **MA** Zip **02178**

City State Zip

Director Name

MICHAEL W. FARGO

Director Name

Street Address

35 IRIS DR

Street Address

City **MERRIMACK** State **NH** Zip **03054**

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

200,000 COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series Par Value

621 COMMON NPV

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



* 9 6 9 7 6 *

File Date **3-12-01**

Check No. **7454**

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.

Warren E. Creamer III

Signature of Officer

Date

WARREN E. CREAMER III

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/28/01



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. **96978** 2. Name of Corporation **W.E. Creamer Associates, Inc. AIR DISTRIBUTION CORPORATION**
3. Street Address Principal Business Office **27R DOHERTY AVE** City **AVON** State **MA** Zip **02322**
4. Business Phone No. **508-588-9595** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **2818**

7. Brief Description of the Character of Business Conducted in Rhode Island
DISTRIBUTION OF HVAC AND SHEET METAL PRODUCTS

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

President Name WARREN E CREAMER III	Vice President Name WARREN E. CREAMER III
Street Address 771 EDGELL RD	Street Address 771 EDGELL RD
City FRAMINGHAM State MA Zip 01701	City FRAMINGHAM State MA Zip 01701
Secretary Name SAME AS ABOVE	Treasurer Name SAME AS ABOVE
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name WARREN E CREAMER III	Director Name
Street Address 771 EDGELL RD	Street Address
City FRAMINGHAM State MA Zip 01701	City
State	State
Zip	Zip
Director Name MICHAEL W. FARGO	Director Name
Street Address 35 IRIS DRIVE	Street Address
City MERRIMACK State NH Zip 03054	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200,000 COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
400 Common NPV

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



File Date: **0325-99**
Check No.: **3200**
By: **SO**

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 **Warren E Creamer III** Date **3/15/99**
WARREN E CREAMER III
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
401-271-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96976** 2. Name of Corporation **W.E. Creamer Associates, Inc.**
3. Street Address Principal Business Office **35 HIGHLAND CIRCLE** City **NEEDHAM** State **MA** Zip **02194**
4. Business Phone No. **781-453-1980** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
DISTRIBUTOR OF HVAC AND SHEET METAL PRODUCTS

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

President Name WARREN E CREAMER III	Vice President Name WARREN E CREAMER III
Street Address 771 EDGELL RD	Street Address 771 EDGELL RD
City FRAMINGHAM State MA Zip 01701	City FRAMINGHAM State MA Zip 01701
Secretary Name SAME AS ABOVE	Treasurer Name SAME AS ABOVE
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name WARREN E CREAMER III	Director Name
Street Address 771 EDGELL RD	Street Address
City FRAMINGHAM State MA Zip 01701	City
Director Name MICHAEL W FARGO	Director Name
Street Address 35 IRIS DRIVE	Street Address
City MERRIMACK State NH Zip	City
	State
	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

200,000 COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value

400 NPV

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



* 9 6 9 7 6 *

File Date **6/16/98**
Check No. **217**
By **WEC**
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 **Warren E Creamer III** Date **6/12/98**
Print or Type Name of Officer **WARREN E CREAMER III**
Title of Officer **PRESIDENT**