



**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. 75876		2. Name of Corporation Yuszczak's Plumbing & Heating, Inc.			
3. Street Address Principal Business Office 2 Indian Head Lane			City N. Smithfield	State RI	Zip 02896
4. Business Phone No. 401-769-9841		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING AND HEATING CONTRACTOR. COMMERCIAL AND RESIDENTIAL PLUMBING, HEATING AND PIPEFITTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ellena Yuszczak			Vice President Name		
Street Address 2 Indian Head Lane			Street Address		
City N. Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Ellena Yuszczak			Treasurer Name Ellena Yuszczak		
Street Address 2 Indian Head Lane			Street Address 2 Indian Head Lane		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ellena Yuszczak			Director Name		
Street Address 2 Indian Head Lane			Street Address		
City N. Smithfield	State RI	Zip 02896	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
500	COMM NO PAR VALUE		500	Common	No Par Value

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



File Date 2-18-05  
Check No. 4551  
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.

Ellena Yuszczak 02/13/05  
Signature of Officer Date  
Ellena Yuszczak  
Print or Type Name of Officer  
Presidnet  
Title of Officer



**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. <b>75876</b>		2. Name of Corporation <b>Yuszczak's Plumbing &amp; Heating, Inc.</b>			
3. Street Address Principal Business Office <b>2 Indian Head Lane</b>			City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
4. Business Phone No. <b>401-769-9841</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>232</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PLUMBING AND HEATING CONTRACTOR. COMMERCIAL AND RESIDENTIAL PLUMBING, HEATING AND PIPEFITTING.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael S. Yuszczak</b>			Vice President Name		
Street Address <b>2 Indian Head Lane</b>			Street Address		
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name <b>Ellena Yuszczak</b>			Treasurer Name <b>Ellena Yuszczak</b>		
Street Address <b>2 Indian Head Lane</b>			Street Address <b>2 Indian Head Lane</b>		
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Michael S. Yuszczak</b>			Director Name		
Street Address <b>2 Indian Head Lane</b>			Street Address		
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Director Name <b>Ellena Yuszczak</b>			Director Name		
Street Address <b>2 Indian Head Lane</b>			Street Address		
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	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
<b>500 COMM NO PAR VALUE</b>			<b>500</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 7 5 8 7 6 \*

File Date 2/17/04  
Check No. 4202  
By: ls.  
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 Ellena Yuszczak Date 02/12/04  
Print or Type Name of Officer Ellena Yuszczak  
Title of Officer Secretary



**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. **75876** 2. Name of Corporation **Yuszczak's Plumbing & Heating, Inc.**  
3. Street Address Principal Business Office  
**2 Indian Head Lane**  
4. Business Phone No. **(401) 769-9841** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Residential & commercial plumbing & heating.**

City **No. Smithfield** State **RI** Zip **02896-7309**  
6. SIC Code **232**

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

President Name **Michael S. Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**

Vice President Name  
Street Address  
City State Zip

Secretary Name **Michael S. Yuszczak, Jr.**  
Street Address **75 Westwood Road**  
City **No. Smithfield** State **RI** Zip **02896**

Treasurer Name **Ellena Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**

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

Director Name **Michael S. Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**

Director Name  
Street Address  
City State Zip

Director Name **Ellena Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**

Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
500 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
500	Common	No Par Value

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



\* 7 5 8 7 6 \*

File Date: 3.27.03  
Check No.: 3859  
By: ICP

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.

*Ellena Yuszczak* 02/21/03  
Signature of Officer Date

**Ellena Yuszczak**  
Print or Type Name of Officer

**Treasurer**

Title of Officer



**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. **75876** 2. Name of Corporation **Yuszczak's Plumbing & Heating, Inc.**  
3. Street Address Principal Business Office  
**2 Indian Head Lane**  
4. Business Phone No. **(401) 769-9841** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **No. Smithfield** State **RI** Zip **02896-7309**  
6. SIC Code **232**

Residential & commercial plumbing & heating.

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

President Name **Michael S. Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**  
Secretary Name **Michael S. Yuszczak, Jr.**  
Street Address **75 Westwood Road**  
City **No. Smithfield** State **RI** Zip **02896**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name **Ellena Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**

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

Director Name **Michael S. Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**  
Director Name **Ellena Yuszczak**  
Street Address **2 Indian Head Lane**  
City **No. Smithfield** State **RI** Zip **02896-7309**

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
500	COMM NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
500	Common	No Par Value

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



\* 7 5 8 7 6 \*

File Date: 1-8-02  
Check No.: 3465  
By: [Signature]

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.

Ellena Yuszczak 01/07/02  
Signature of Officer Date

Ellena Yuszczak  
Print or Type Name of Officer

Treasurer

Title of Officer



**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. **75876** 2. Name of Corporation **Yuszczak's Plumbing & Heating, Inc.**

3. Street Address Principal Business Office **2 Indian Head Lane** City **North Smithfield** State **RI** Zip **02896-7309**

4. Business Phone No. **(401)769-9841** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Residential and commercial plumbing and heating**

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

President Name <b>Michael S. Yuszczak</b>	Vice President Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>N. Smithfield RI 02896-7309</b>	City State Zip

Secretary Name <b>Michael S. Yuszczak, Jr.</b>	Treasurer Name <b>Ellena Yuszczak</b>
Street Address <b>75 Westwood Road</b>	Street Address <b>2 Indian Head Lane</b>
City State Zip <b>N. Smithfield RI 02896</b>	City State Zip <b>N. Smithfield RI 02896-7309</b>

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

Director Name <b>Michael S. Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>N. Smithfield RI 02896-7309</b>	City State Zip
Director Name <b>Ellena Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>N. Smithfield Ri 02896-7309</b>	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>500 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>500</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 7 5 8 7 6 \*

File Date: 1/29  
Check No.: 3108  
By: ac

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: Ellena Yuszczak Date: 1/25/01  
Print or Type Name of Officer: Ellena Yuszczak  
Title of Officer: Treasurer



**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. **75876** 2. Name of Corporation **Yuszczak's Plumbing & Heating, Inc.**

3. Street Address Principal Business Office  
**2 Indian Head Lane** City **North Smithfield** State **RI** Zip **02896-7309**  
4. Business Phone No. **(401)769-9841** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Residential and commercial plumbing and heating**

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

President Name <b>Michael S. Yuszczak</b>	Vice President Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>N. Smithfield RI 02896-7309</b>	City State Zip

Secretary Name <b>Michael S. Yuszczak, Jr.</b>	Treasurer Name <b>Ellena Yuszczak</b>
Street Address <b>75 Westwood Road</b>	Street Address <b>2 Indian Head Lane</b>
City State Zip <b>N. Smithfield RI 02896</b>	City State Zip <b>N. Smithfield RI 02896-7309</b>

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

Director Name <b>Michael S. Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>N. Smithfield RI 02896-7309</b>	City State Zip
Director Name <b>Ellena Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>N. Smithfield RI 02896-7309</b>	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>500 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>500</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 7 5 8 7 6 \*

File Date: 2/18/00

Check No.: 2731

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.

Ellena Yuszczak 2/16/2000  
Signature of Officer Date

Ellena Yuszczak  
Print or Type Name of Officer

Treasurer  
Title of Officer



**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. <b>75878</b>		2. Name of Corporation <b>YUSZCZAK PLUMBING &amp; HEATING, INC.</b>	
3. Street Address Principal Business Office <b>2 Indian Head Lane</b>		City <b>North Smithfield</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 769-9841</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Residential and commercial plumbing and heating</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Michael S. Yuszczak</b>		Vice President Name	
Street Address <b>2 Indian Head Lane</b>		Street Address	
City <b>No. Smithfield</b>	State <b>RI</b>	City <b>No. Smithfield</b>	State <b>RI</b>
Secretary Name <b>Michael S. Yuszczak, Jr.</b>		Treasurer Name <b>Ellena Yuszczak</b>	
Street Address <b>75 Westwood Road</b>		Street Address <b>2 Indian Head Lane</b>	
City <b>No. Smithfield</b>	State <b>RI</b>	City <b>No. Smithfield</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>		6. SIC Code <b>232</b>	
Director Name <b>Michael S. Yuszczak</b>		Director Name	
Street Address <b>2 Indian Head Lane</b>		Street Address	
City <b>No. Smithfield</b>	State <b>RI</b>	City	State
Director Name <b>Ellena Yuszczak</b>		Director Name	
Street Address <b>2 Indian Head Lane</b>		Street Address	
City <b>No. Smithfield</b>	State <b>RI</b>	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>500 SHS COMM NO PAR VALUE</b>	Par Value	<b>500</b>	Par Value
		<b>Common</b>	<b>None</b>

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



File Date: 1/11/99  
Check No.: 2246  
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 of Officer: Ellena Yuszczak Date: 1/8/99  
Print or Type Name of Officer: Ellena Yuszczak  
Treasurer  
Title of Officer



**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. **75876** 2. Name of Corporation **Yuszczak's Plumbing & Heating, Inc.**  
3. Street Address Principal Business Office **2 Indian Head Lane** City **North Smithfield** State **Rhode Island** Zip **02896-7309**  
4. Business Phone No. **(401) 769-9841** 5. State of Incorporation **Rhode Island** 6. SIC Code **0232**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Residential and commercial plumbing & heating**

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

President Name <b>Michael S. Yuszczak</b>	Vice President Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>No. Smithfield RI 02896-7309</b>	City State Zip
Secretary Name <b>Michael S. Yuszczak, Jr.</b>	Treasurer Name <b>Ellena Yuszczak</b>
Street Address <b>75 Westwood Road</b>	Street Address <b>2 Indian Head Lane</b>
City State Zip <b>No. Smithfield RI 02896</b>	City State Zip <b>No. Smithfield RI 02896-7309</b>

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

Director Name <b>Michael S. Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>No. Smithfield RI 02896-7309</b>	City State Zip
Director Name <b>Ellean Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City State Zip <b>No. Smithfield RI 02896-7309</b>	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
<b>500 SHS COMM NO PAR VALUE</b>	<b>500 Common None</b>

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

File Date: 3/4  
Check No.: 1828  
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 of Officer: Ellena Yuszczak Date: 3/2/98  
Print or Type Name of Officer: Ellena Yuszczak  
Title of Officer: Treasurer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75876** 2. Name of Corporation **Yuszczak's Plumbing & Heating, Inc.**  
3. Street Address Principal Business Office **2 Indian Head Lane** City **North Smithfield** State **Rhode Island** Zip **02896-7309**  
4. Business Phone No. **(401) 769-9841** 5. State of Incorporation **Rhode Island** 6. SIC Code **0232**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Residential and commercial plumbing & heating**

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

President Name <b>Michael S. Yuszczak</b>	Vice President Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City <b>No. Smithfield</b> State <b>RI</b> Zip <b>02896-7309</b>	City State Zip
Secretary Name <b>Michael S. Yuszczak, Jr.</b>	Treasurer Name <b>Ellena Yuszczak</b>
Street Address <b>2 Indian Head Lane</b>	Street Address <b>2 Indian Head Lane</b>
City <b>No. Smithfield</b> State <b>RI</b> Zip <b>02896-7309</b>	City <b>No. Smithfield</b> State <b>RI</b> Zip <b>02896-7309</b>

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

Director Name <b>Michael S. Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City <b>No. Smithfield</b> State <b>RI</b> Zip <b>02896-7309</b>	City State Zip
Director Name <b>Ellena Yuszczak</b>	Director Name
Street Address <b>2 Indian Head Lane</b>	Street Address
City <b>No. Smithfield</b> State <b>RI</b> Zip <b>02896-7309</b>	City State Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>500 SHS COMM NO PAR VALUE</b>	<b>500 Common None</b>

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

File Date: 3/6/97  
Check No.: 1385  
By: [Signature]

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: Ellena Yuszczak Date: 3/4/97

Print or Type Name of Officer: Ellena Yuszczak

Treasurer 3/4/97  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 75876		2. NAME OF CORPORATION YUSZCZAK PLUMBING & HEATING, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2 Indian Head Lane			CITY North Smithfield	STATE Rhode Island	ZIP CODE 02896-7309
4. BUSINESS PHONE NO. (401) 769-9841		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 0232
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Residential and commercial plumbing & heating					

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME Michael S. Yuszczak			VICE PRESIDENT NAME		
STREET ADDRESS 2 Indian Head Lane			STREET ADDRESS		
CITY North Smithfield	STATE Rhode Island	ZIP CODE 02896-7309	CITY	STATE	ZIP CODE
SECRETARY NAME Ellena Yuszczak			TREASURER NAME Ellena Yuszczak		
STREET ADDRESS 2 Indian Head Lane			STREET ADDRESS 2 Indian Head Lane		
CITY North Smithfield	STATE Rhode Island	ZIP CODE 02896-7309	CITY North Smithfield	STATE Rhode Island	ZIP CODE 02896-7309

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500 SHS COMM NO PAR VALUE			500	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.

File Date:

4/30/96

Check No:

1034

By:

For Secretary of State Use Only

Signature of Officer

Ellena Yuszczak  
Print or Type Name of Officer

Sec/Treas  
Title of Officer

4/19/96  
Date



Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0075876 Annual Report for the year: 1995

Name of Corporation: YUSZCZAK PLUMBING & HEATING, INC.

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

REPAIR & INSTALLATION OF RESIDENTIAL + COMMERCIAL PLUMBING

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

2 INDIAN HEAD LANE, NORTH SMITHFIELD, RI, 02896

Phone: (401) 769-9841

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Michael S. YUSZCZAK 2 INDIAN HEAD LANE NO. SMITHFIELD, RI, 02896

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

ELIENA YUSZCZAK 2 INDIAN HEAD LANE NO. SMITHFIELD, RI, 02896

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

ELIENA YUSZCZAK 2 INDIAN HEAD LANE NO. SMITHFIELD, RI, 02896

**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

Michael S YUSZCZAK 2 INDIAN HEAD LANE NO. SMITHFIELD, RI, 02896

NAME STREET ADDRESS CITY/STATE ZIP CODE

ELIENA YUSZCZAK 2 INDIAN HEAD LANE NO. SMITHFIELD, RI, 02896

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series	Number of Shares	Class / Series
500	COMMON - NO PAR VALUE	500	COMMON - NO PAR VALUE

Date April 26, 1995 By: Eliena Yuszczak

Form 31 1/95 PRINT OR TYPE NAME OF OFFICER SIGNING ELIENA YUSZCZAK - SECRETARY  
TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH R. SLINEY  
421 MENDON ROAD  
NO. SMITHFIELD RI 02896

PAID  
KID 798  
SEP 27 1995  
SECY OF STATE