

**PROFIT CORPORATON
ANNUAL REPORT**

1996

Amended



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: ~~500.00~~
No Fee

PLEASE TYPE OR PRINT IN BLACK INK.

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 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 & 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: **RI** ZIP CODE: **02896-7309** CITY: _____ STATE: _____ ZIP CODE: _____
SECRETARY NAME: **MICHAEL S. YUSZCZAK, JR.** TREASURER NAME: **ELLENA YUSZCZAK**
STREET ADDRESS: **2 INDIAN HEAD LANE** STREET ADDRESS: **2 INDIAN HEAD LANE**
CITY: **NORTH SMITHFIELD** STATE: **RI** ZIP CODE: **02896-7309** CITY: **NORTH SMITHFIELD** STATE: **RI** 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

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
<i>500</i>		<i>NO PAR VALUE</i>	<i>0</i>		

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

6/3/96

Check No:

No Fee - Amended

By:

[Signature]

For Secretary of State Use Only

FILED

JUN 3 1996

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
Signature of Officer

ELLENA YUSZCZAK
Print or Type Name of Officer

Treasurer
Title of Officer

6/4/96
Date