



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 128581	2. Name of Corporation Gas Master, Inc.
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3. Street Address Principal Business Office 41 PACHET BROOK ROAD	City LITTLE COMPTON	State RI	Zip 02837-
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4. Business Phone No. 4016354197	5. State of Incorporation RHODE ISLAND	6. SIC Code
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7. Brief Description of the Character of Business Conducted in Rhode Island  
THE PROVISION OF SERVICES AND MATERIALS RELATED TO THE INSTALLATION AND REPAIR OF NATURAL GAS APPLIANCES.—PIPEFITTING

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

President Name GINA M. AUGUSTUS	Vice President Name FRANCIS A. AUGUSTUS
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Street Address 41 PACHET BROOK ROAD	Street Address 41 PACHET BROOK ROAD
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City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
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Secretary Name FRANCIS A. AUGUSTUS	Treasurer Name
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Street Address 41 PACHET BROOK ROAD	Street Address 41 PACHET BROOK ROAD
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City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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
8,000	NO PAR VALUE		200		NONE

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



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\*128581 DBC 01/31/2005 9:43 AM\*

**FILED**

File Date: APR 06 2005 *qu*

Check No. \_\_\_\_\_

By: UB

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.

*Gina M. Augustus* 2/7/05  
Signature of Officer Date

GINA M. AUGUSTUS  
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 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 128581 2. Name of Corporation Gas Master, Inc.  
3. Street Address Principal Business Office 41 Pachet Brook Road City Little Compton State RI Zip 02837  
4. Business Phone No. (401) 635-4197 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
THE PROVISION OF SERVICES AND MATERIALS RELATED TO THE INSTALLATION AND REPAIR OF NATURAL GAS APPLIANCES, PIPEFITTING

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

President Name Gina M. Augustus Street Address 41 Pachet Brook Road City Little Compton State RI Zip 02837	Vice President Name Francis A. Augustus Street Address 41 Pachet Brook Road City Little Compton State RI Zip 02837
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Secretary Name Francis A. Augustus Street Address 41 Pachet Brook Road City Little Compton State RI Zip 02837	Treasurer Name Gina M. Augustus Street Address 41 Pachet Brook Road City Little Compton State RI Zip 02837
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none Street Address City State Zip	Director Name none Street Address City State Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
200	none	no par

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



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**FILED**  
\*128581 DBC 027120400:29:46 AM\*  
File Date MAR 01 2004  
Check No. By 153 GAO  
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.

Gina M. Augustus 2/16/04  
Signature of Officer Date  
GINA M. AUGUSTUS  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer