



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. 90983		2. Name of Corporation JMB Mechanical, Inc.			
3. Street Address Principal Business Office 1008 Plainfield Street			4. City Johnston	State RI	Zip 02919
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island REPAIR AND OR SERVICE HVAC EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jodie Bellucci			Vice President Name John Bellucci		
Street Address 1008 Plainfield Street			Street Address 1008 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State r.I	Zip 02919
Secretary Name Jodie Bellucci			Treasurer Name John Bellucci		
Street Address Same as above			Street Address same as above		
City	State	Zip	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
600 NO PAR VALUE			100	Common	None

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



File Date 2-14-05
Check No 6590
By: KB
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.

Jodie Bellucci
Signature of Officer Date
Print or Type Name of Officer
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. 90983		2. Name of Corporation JMB Mechanical, Inc.			
3. Street Address Principal Business Office 1008 Plainfield Street			City Johnston	State RI	Zip 02921
4. Business Phone No. (401) 944-7500		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island REPAIR AND OR SERVICE HVAC EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jodie Bellucci			Vice President Name Jodie Bellucci		
Street Address 50 Italy Street			Street Address 75 Fox Ridge Drive		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02921
Secretary Name Jodie Bellucci			Treasurer Name Jodie Bellucci		
Street Address 50 Italy Street			Street Address 50 Italy Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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
600 NO PAR VALUE			100	Common	None

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



* 9 0 9 8 3 *

File Date **FILED**

Check No. **JAN 29 2004**

By: **By M18075**

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.

Jodie Bellucci
Signature of Officer _____ Date _____
Jodie Bellucci
Print of True Name of Officer _____
President
Title of Officer _____



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. **90983** 2. Name of Corporation **JMB Mechanical, Inc.**
3. Street Address Principal Business Office **1008 PLAINFIELD STREET** City **JOHNSTON** State **R.I.** Zip **02919**
4. Business Phone No **(401) 944-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**
7. Brief Description of the Character of Business Conducted in Rhode Island
REPAIR AND SALE OF HVAC EQUIPMENT

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

President Name Jodie Bellucci	Vice President Name John Bellucci
Street Address 50 Italy Street	Street Address 75 Fox Ridge Drive
City Providence State R.I. Zip 02908	City Cranston State R.I. Zip 02921
Secretary Name Jodie Bellucci	Treasurer Name Jodie Bellucci
Street Address 50 Italy Street	Street Address 50 Italy Street
City Providence State R.I. Zip 02908	City Providence State R.I. Zip 02908

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	None

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



* 9 0 9 8 3 *

FILED

File Date: MAR 26 2003
Check No: _____
By: GM 3044

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.

Jodie Bellucci 3/21/03
Signature of Officer Date

Jodie Bellucci
Print or Type Name of Officer
President
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. **90983** 2. Name of Corporation **JMB Mechanical, Inc.**
3. Street Address Principal Business Office **471 Atwood Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**
7. Brief Description of the Character of Business Conducted in Rhode Island **Repair and sale of HVAC equipment**

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

President Name Jodie Bellucci Street Address 50 Italy Street City Providence State RI Zip 02908	Vice President Name John Bellucci Street Address 75 Fox Ridge Drive City Cranston State RI Zip 02921
Secretary Name Jodie Bellucci Street Address Same as above City Providence State RI Zip 02908	Treasurer Name Jodie Bellucci Street Address Same as above City Cranston State RI Zip 02921

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

Director Name [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]	Director Name [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]
Director Name [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]	Director Name [REDACTED] Street Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

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

AUTHORIZED SHARES
Number of Shares **600** Class/Series **NO** Par Value **PAR VALUE**

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

ISSUED SHARES
Number of Shares **100** Class/Series **common** Par Value **no par**

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



* 9 0 9 8 3 *

File Date: 6/7/02
Check No.: 1548
By: JA

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.

Jodie Bellucci
Signature of Officer _____ Date _____
Jodie Bellucci
Print or Type Name of Officer _____
President
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. **90983** 2. Name of Corporation **JMB Mechanical, Inc.**

3. Street Address Principal Business Office **471 Atwood Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **252**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair and sale of HVAC equipment

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

President Name Jodie Bellucci Street Address 50 Italy Street City Providence State RI Zip 02908	Vice President Name Jodie Bellucci Street Address 50 Italy Street City Providence State RI Zip 02908
Secretary Name Jodie Bellucci Street Address 50 Italy Street City Providence State RI Zip 02908	Treasurer Name Jodie Bellucci Street Address 50 Italy Street City Providence State RI Zip 02908

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
600 SHS NOP PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common none

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



* 9 0 9 8 3 *

File Date: **FILED**

Check No.: **MAR 28 2001**

By: **By JMB 254**
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.

Jodie Bellucci
Signature of Officer _____ Date _____
Jodie Bellucci
Print or Type Name of Officer _____
President
Title of Officer _____



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. **90983**
2. Name of Corporation **JMB Mechanical, Inc.**
3. Street Address Principal Business Office
471 Atwood Avenue
4. Business Phone No. **(401) 944-7500**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Cranston** State **Rhode Island** Zip **02920**
6. SIC Code **232**

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

President Name **Jodie Bellucci**
Street Address **50 ITALY STREET**
City **PROVIDENCE** State **RI** Zip **02908**
Secretary Name **Jodie Bellucci**
Street Address **50 ITALY STREET**
City **PROVIDENCE** State **RI** Zip **02908**

Vice President Name **Jodie Bellucci**
Street Address **50 ITALY STREET**
City **PROVIDENCE** State **RI** Zip **02908**
Treasurer Name **Jodie Bellucci**
Street Address **50 ITALY STREET**
City **PROVIDENCE** State **RI** Zip **02908**

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
600 SHS NOP PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common none

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



* 9 0 9 8 3 *

File Date: 4/24/00
Check No.: 1941
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.

Jodie Bellucci 2/8/00
Signature of Officer Date
Jodie Bellucci
Print or Type Name of Officer
President
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. **90983** 2. Name of Corporation **JMB Mechanical, Inc.**
3. Street Address Principal Business Office **471 Atwood Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-944-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
HEATING/AIR CONDITIONING CONTRACTOR

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

President Name Jodie Bellucci	Vice President Name Same
Street Address 75 Fox Ridge Drive	Street Address
City Cranston State RI Zip 02921	City State Zip
Secretary Name	Treasurer Name
Street Address Same as above	Street Address Same as above
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	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	Class/Series	Par Value
600 SHS NOP PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	NOP

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



File Date: **FILED**

Check No.: **JAN 20 1999**

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]
Signature of Officer Date

Print or Type Name of Officer

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
401-277-3040



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. **90983** 2. Name of Corporation **JMB Mechanical, Inc.**
3. Street Address Principal Business Office
471 Atwood Avenue City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**

7. Brief Description of the Character of Business Conducted in Rhode Island
Heating and Air Conditioning

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

President Name Jodie Bellucci	Vice President Name Same as above
Street Address 75 Fox Ridge Drive	Street Address
City Cranston State RI Zip 02921	City State Zip
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)

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
600 SHS NOP PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 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: 3.10.98
Check No.: 187
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.

Jodie Bellucci 3-3-98
Signature of Officer Date
President
Print or Type Name of Officer
Title of Officer



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. **90983** 2. Name of Corporation **JMB Mechanical, Inc.**
3. Street Address Principal Business Office City State Zip
471 Atwood Ave **Cranston** **RI** **02920**
4. Business Phone No. 5. State of Incorporation
RHODE ISLAND 6. SIC Code
8888

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

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

President Name Jodie Bellucci Street Address 53 Greenhill Road City State Zip Johnston RI	Vice President Name Same as above Street Address City State Zip
Secretary Name Same as above Street Address City State Zip	Treasurer Name Same as above Street Address City State Zip

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES <input checked="" type="checkbox"/>
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
600 SHS NOP PAR VALUE	100 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: 7/23/97
Check No.: 4743
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: [Signature] Date: July 27, 1997
Print or Type Name of Officer: Jodie Bellucci
Title of Officer: President