



**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 80185		2. Name of Corporation American Plumbing & Heating, Incorporated			
3. Street Address Principal Business Office 1793 Smith Street			City No. Providence	State RI	Zip 02911
4. Business Phone No. 401-231-1144		5. State of Incorporation Rhode Island		6. SIC Code 6-24-94	
7. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, Heating and Fire Protection Sprinkler work.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Riccitelli			Vice President Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
Secretary Name John McGinn			Treasurer Name Robert J. Riccitelli		
Street Address 1793 Smith Street			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 1000		None	ISSUED SHARES None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

SEC  
 FEB 23 2005  
 RI 2:00 PM

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

**FILED**  
FEB 23 2005

By KMC  
C58143

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.

Robert J. Riccitelli 2/23/2005  
Signature of Officer Date

Robert J. Riccitelli  
Print or Type Name of Officer

President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**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 80185		2. Name of Corporation American Plumbing & Heating, Incorporated			
3. Street Address Principal Business Office 1793 Smith Street			City No. Providence	State RI	Zip 02911
4. Business Phone No 401-231-1144		5. State of Incorporation Rhode Island		6. SIC Code 6-24-94	
7. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, Heating and Fire Protection Sprinkler work.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Riccitelli			Vice President Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
Secretary Name John McGinn			Treasurer Name Robert J. Riccitelli		
Street Address 1793 Smith Street			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
Director Name			Director Name		
Street Address			Street Address		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES 1000		None	ISSUED SHARES None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

**FILED**

FEB 23 2005

By KMC  
C58143

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.

Robert J. Riccitelli 2/23/2005  
Signature of Officer Date

Robert J. Riccitelli  
Print or Type Name of Officer

President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



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 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80185		2. Name of Corporation American Plumbing & Heating, Incorporated			
3. Street Address Principal Business Office 1793 Smith Street			City No. Providence	State RI	Zip 02911
4. Business Phone No. 401-231-1144		5. State of Incorporation Rhode Island		6. SIC Code 6-24-94	
7. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, Heating and Fire Protection Sprinkler work.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Riccitelli			Vice President Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
Secretary Name John McGinn			Treasurer Name Robert J. Riccitelli		
Street Address 1793 Smith Street			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 1000 None			ISSUED SHARES None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

**FILED**

FEB 23 2005

By Kmc

C58143

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.

Robert J. Riccitelli 2/23/2005  
Signature of Officer Date

Robert J. Riccitelli  
Print or Type Name of Officer

President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY



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** 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80185		2. Name of Corporation American Plumbing & Heating, Incorporated			
3. Street Address Principal Business Office 1793 Smith Street			City No. Providence	State RI	Zip 02911
4. Business Phone No. 401-231-1144		5. State of Incorporation Rhode Island		6. SIC Code 6-24-94	
7. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, Heating and Fire Protection Sprinkler work.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Riccitelli			Vice President Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
Secretary Name Robert J. Riccitelli			Treasurer Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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	1000	None	ISSUED SHARES	None	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

**FILED**  
FEB 23 2005  
By KMC  
CS8143

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.

Robert J. Riccitelli 2/23/2005  
Signature of Officer Date

Robert J. Riccitelli  
Print or Type Name of Officer  
President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 80185		2. Name of Corporation American Plumbing & Heating, Incorporated			
3. Street Address Principal Business Office 1793 Smith Street			City No. Providence	State RI	Zip 02911
4. Business Phone No. 401-231-1144		5. State of Incorporation Rhode Island		6. SIC Code 6-24-94	
7. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, Heating and Fire Protection Sprinkler work.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Riccitelli			Vice President Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
Secretary Name Robert J. Riccitelli			Treasurer Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 1000 None			ISSUED SHARES None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

**FILED**

FEB 23 2005

By KMC

C58143

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.

Robert J. Riccitelli 2/23/2005  
Signature of Officer Date

Robert J. Riccitelli

Print or Type Name of Officer

President  
Title of Officer

File Date \_\_\_\_\_

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

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1999

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>80185</b>		2. Name of Corporation American Plumbing & Heating, Incorporated			
3. Street Address Principal Business Office 1793 Smith Street			City No. Providence	State RI	Zip 02911
4. Business Phone No. 401-231-1144		5. State of Incorporation Rhode Island		6. SIC Code 6-24-94	
7. Brief Description of the Character of Business Conducted in Rhode Island Plumbing, Heating and Fire Protection Sprinkler work.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Riccitelli			Vice President Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
Secretary Name Robert J. Riccitelli			Treasurer Name Robert J. Riccitelli		
Street Address 7 Bellevue Avenue			Street Address 7 Bellevue Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 1000		None	ISSUED SHARES None		805-3383
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

**FILED**

FEB 23 2005

By KMC

C58143

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.

Robert J. Riccitelli 2/23/2005  
Signature of Officer Date

Robert J. Riccitelli  
Print or Type Name of Officer

President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**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. **0080185** 2. Name of Corporation **American Plumbing and Heating, Inc.**  
3. Street Address Principal Business Office **1793 Smith Street** City **North Providence,** State **RI** Zip **02911**  
4. Business Phone No. **401-353-1535** 5. State of Incorporation **Rhode Island** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Plumbing, Heating and Fire Protection Sprinklers**

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

President Name <b>Robert J. Riccitelli</b>	Vice President Name <b>Same</b>
Street Address <b>7 Bellevue Ave.</b>	Street Address <b>Same</b>
City <b>North Providence,</b> State <b>RI</b> Zip <b>02911</b>	City <b>Same</b> State <b>Same</b> Zip <b>Same</b>
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name <b>None</b>	Director Name <b>None</b>
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
<b>1000</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>		

RECEIVED JUN 11 12 51 PM '98

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.

Robert J. Riccitelli 6/4/98  
Signature of Officer Date  
**Robert J. Riccitelli**  
Print or Type Name of Officer  
**President**  
Title of Officer

**FILED**  
JUN 4 1998  
BY [Signature] 204931

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1997  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0080185 2. Name of Corporation American Plumbing and Heating, Inc.  
3. Street Address Principal Business Office 1793 Smith Street City North Providence, State RI Zip 02911  
4. Business Phone No. 401-353-1535 5. State of Incorporation Rhode Island 6. SIC Code 02911

7. Brief Description of the Character of Business Conducted in Rhode Island  
Plumbing, Heating and Fire Protection Sprinklers

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

President Name <u>Robert J. Riccitelli</u> Street Address <u>7 Bellevue Ave.</u> City <u>North Providence,</u> State <u>RI</u> Zip <u>02911</u>	Vice President Name <u>Same</u> Street Address <u>Same</u> City <u>North Providence,</u> State <u>RI</u> Zip <u>02911</u>
Secretary Name <u>Same</u> Street Address <u>Same</u> City <u>North Providence,</u> State <u>RI</u> Zip <u>02911</u>	Treasurer Name <u>Same</u> Street Address <u>Same</u> City <u>North Providence,</u> State <u>RI</u> Zip <u>02911</u>

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

Director Name <u>None</u> Street Address <u>None</u> City <u>None</u> State <u>None</u> Zip <u>None</u>	Director Name <u>None</u> Street Address <u>None</u> City <u>None</u> State <u>None</u> Zip <u>None</u>
Director Name <u>None</u> Street Address <u>None</u> City <u>None</u> State <u>None</u> Zip <u>None</u>	Director Name <u>None</u> Street Address <u>None</u> City <u>None</u> State <u>None</u> Zip <u>None</u>

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>1000</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>		

RECEIVED  
 SECRETARY OF STATE  
 JUN 11 12 51 PM '98

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

**FILED**

File Date: JUN 4 1998  
Check No.: 204931  
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] 6/4/98  
Signature of Officer Date

Robert J. Riccitelli  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1996  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0080185  
2. Name of Corporation American Plumbing and Heating, Inc.  
3. Street Address Principal Business Office 1793 Smith Street  
City North Providence, State RI Zip 02911  
4. Business Phone No. 401-353-1535  
5. State of Incorporation Rhode Island  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
Plumbing, Heating and Fire Protection Sprinklers

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

President Name Robert J. Riccitelli	Vice President Name Same
Street Address 7 Bellevue Ave.	Street Address Same
City North Providence, State RI Zip 02911	City Same State Zip
Secretary Name Same	Treasurer Name Same
Street Address	Street Address
City State Zip	City State Zip

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

Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

RECEIVED  
 JUN 4 12 51 PM '98  
 STATE

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1000		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100		

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

**FILED**

File Date: \_\_\_\_\_

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

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.

Signature of Officer Robert J. Riccitelli Date 6/4/98

Print or Type Name of Officer  
Robert J. Riccitelli

Title of Officer  
President

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0080185  
 2. Name of Corporation American Plumbing and Heating, Inc.  
 3. Street Address Principal Business Office 1793 Smith Street  
 City North Providence, State RI Zip 02911  
 4. Business Phone No. 401-353-1535  
 5. State of Incorporation Rhode Island  
 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
 Plumbing, Heating and Fire Protection Sprinklers

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

<b>President Name</b> Robert J. Riccitelli	<b>Vice President Name</b> Same
<b>Street Address</b> 7 Bellevue Ave.	<b>Street Address</b> Same
<b>City</b> North Providence, <b>State</b> RI <b>Zip</b> 02911	<b>City</b> Same <b>State</b> <b>Zip</b>
<b>Secretary Name</b> Same	<b>Treasurer Name</b> Same
<b>Street Address</b>	<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>

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

<b>Director Name</b> None	<b>Director Name</b> None
<b>Street Address</b>	<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>
<b>Director Name</b> None	<b>Director Name</b> None
<b>Street Address</b>	<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
1000		

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

ISSUED SHARES	Class/Series	Par Value
100		

RECEIVED  
 SECRETARY OF STATE  
 JUN 11 12 51 PM '98  
 Zip

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

**FILED**  
 JUN 11 1998  
 BY: [Signature] 204931  
 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.

Robert J. Riccitelli 6/4/98  
 Signature of Officer Date  
 Robert J. Riccitelli  
 Print or Type Name of Officer  
 President  
 Title of Officer