



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73286 2. Name of Corporation A. DUQUETTE & SON, INC.

3. Street Address Principal Business Office 73 SOUTHWEST CUTOFF City WORCESTER State MA Zip 01604
4. Business Phone No. 508-755-8247 5. State of Incorporation MASSACHUSETTS 6. SIC Code 0232

7. Brief Description of the Character of Business Conducted in Rhode Island
HVAC/REFRIGERATION SALES, INSTALLATION AND SERVICE

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

President Name PAUL DUQUETTE Vice President Name

Street Address 51 COLUMBUS ROAD Street Address

City BOYLSTON State MA Zip 01505 City State Zip

Secretary Name BETH DUQUETTE Treasurer Name PAUL DUQUETTE

Street Address 51 COLUMBUS ROAD Street Address 51 COLUMBUS ROAD

City BOYLSTON State MA Zip 01505 City BOYLSTON State MA Zip 01505

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

Director Name PAUL DUQUETTE Director Name ALBERT H. DUQUETTE

Street Address 51 COLUMBUS ROAD Street Address 16 CASAVAN AVENUE

City BOYLSTON State MA Zip 01505 City SHREWSBURY State MA Zip 01545

Director Name BETH DUQUETTE Director Name

Street Address 51 COLUMBUS ROAD Street Address

City BOYLSTON State MA Zip 01505 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

1,000 COMM NO PAR VALUE 100 COMMON NO PAR

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



7 3 2 8 6

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 PAUL DUQUETTE Date 3-9-05

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01

File Date FILED
Check No. MAR 09 2005
By: [Signature]
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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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 73286		2. Name of Corporation A. Duquette & Son, Inc.			
3. Street Address Principal Business Office 73 Southwest Cutoff			City Worcester	State MA	Zip 01604
4. Business Phone No. (508) 755-8247		5. State of Incorporation Massachusetts			6. SIC Code 0232
7. Brief Description of the Character of Business Conducted in Rhode Island HVAC/Refrigeration sales, installation + service					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul J. Duquette			Vice President Name		
Street Address 51 Columbus Road			Street Address		
City Bristol	State MA	Zip 01505	City	State	Zip
Secretary Name Beth Duquette			Treasurer Name Paul J. Duquette		
Street Address 51 Columbus Road			Street Address 51 Columbus Road		
City Bristol	State MA	Zip 01505	City Bristol	State MA	Zip 01505
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul J. Duquette			Director Name Albert H. Duquette		
Street Address 51 Columbus Road			Street Address 16 Casaran Avenue		
City Bristol	State MA	Zip 01505	City Shrewsbury	State MA	Zip 01545
Director Name Beth Duquette			Director Name		
Street Address 51 Columbus Road			Street Address		
City Bristol	State MA	Zip 01505	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	no par value	100	Common	NO PAR

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

File Date	SEP 13 2004
Check No.	100558
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: Paul Duquette Date: 9-9-04
Print or Type Name of Officer: Paul Duquette
Title of Officer: President



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *73286* 2. Name of Corporation A. DUQUETTE & SON, INC.
3. Street Address Principal Business Office 73 SOUTHWEST CUTOFF City WORCESTER State MA Zip 01604-
4. Business Phone No. 5087558247 5. State of Incorporation MASSACHUSETTS 6. SIC Code 0232
7. Brief Description of the Character of Business Conducted in Rhode Island
HVAC/REFRIGERATION SALES, INSTALLATION AND SERVICE

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

President Name PAUL J. DUQUETTE Vice President Name
Street Address 51 COLUMBUS ROAD Street Address
City BOYLSTON State MA Zip 01505 City State Zip
Secretary Name BETH DUQUETTE Treasurer Name PAUL J. DUQUETTE
Street Address 51 COLUMBUS ROAD Street Address 51 COLUMBUS ROAD
City BOYLSTON State MA Zip 01505 City BOYLSTON State MA Zip 01505

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

Director Name PAUL J. DUQUETTE Director Name ALBERT H. DUQUETTE
Street Address 51 COLUMBUS ROAD Street Address 16 CASAVAN AVENUE
City BOYLSTON State MA Zip 01505 City SHREWSBURY State MA Zip 01545
Director Name BETH DUQUETTE Director Name
Street Address 51 COLUMBUS ROAD Street Address
City BOYLSTON State MA Zip 01505 City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR

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



* 7 3 2 8 6 *

73286 FBC2/13/033:49:49 PM

File Date 2/26/03

Check No. 14079

By: UP

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 Paul Duquette Date 2/25/2003

PAUL DUQUETTE

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, 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 IN BLACK)

1. Corporate ID No.

73286

2. Name of Corporation

A. DUQUETTE & SON, INC.

3. Street Address Principal Business Office

73 SOUTHWEST CUTOFF

City

WORCESTER

State

MA

Zip

01604

4. Business Phone No.

(508)755-8247

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

0232

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

HVAC/REFRIGERATION SALES, INSTALLATION & SERVICE

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

President Name

PAUL J. DUQUETTE

Vice President Name

Street Address

51 COLUMBUS ROAD

Street Address

City

BOYLSTON

State

MA

Zip

01505

City

State

Zip

Secretary Name

BETH DUQUETTE

Treasurer Name

PAUL J. DUQUETTE

Street Address

51 COLUMBUS ROAD

Street Address

51 COLUMBUS ROAD

City

BOYLSTON

State

MA

Zip

01505

City

BOYLSTON

State

MA

Zip

01505

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

Director Name

PAUL J. DUQUETTE

Director Name

ALBERT H. DUQUETTE

Street Address

51 COLUMBUS ROAD

Street Address

16 CASAVAN AVENUE

City

BOYLSTON

State

MA

Zip

01505

City

SHREWSBURY

State

MA

Zip

01545

Director Name

BETH DUQUETTE

Director Name

Street Address

51 COLUMBUS ROAD

Street Address

City

BOYLSTON

State

MA

Zip

01505

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NO PAR

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



* 7 3 2 8 6 *

File Date 3-6-02

Check No. 8871

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

Paul Duquette 2-26-02
Signature of Officer Date

PAUL DUQUETTE
Print or Type Name of Officer

PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the 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 IN BLACK)

1. Corporate ID No. **73286** 2. Name of Corporation **A. DUQUETTE & SON, INC.**

3. Street Address Principal Business Office **73 SOUTHWEST CUTOFF** City **WORCESTER** State **MA** Zip **01604**
4. Business Phone No. **(508) 755-8247** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **0232**

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

HVAC/REFRIGERATION SALES, INSTALLATION & SERVICE

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

President Name PAUL J. DUQUETTE	Vice President Name
Street Address 51 COLUMBUS ROAD	Street Address
City BOYLSTON State MA Zip 01505	City State Zip
Secretary Name BETH DUQUETTE	Treasurer Name PAUL J. DUQUETTE
Street Address 51 COLUMBUS ROAD	Street Address 51 COLUMBUS ROAD
City BOYLSTON State MA Zip 01505	City BOYLSTON State MA Zip 01505

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

Director Name PAUL J. DUQUETTE	Director Name ALBERT H. DUQUETTE
Street Address 51 COLUMBUS ROAD	Street Address 16 CASAVAN AVENUE
City BOYLSTON State MA Zip 01505	City SHREWSBURY State MA Zip 01545
Director Name BETH DUQUETTE	Director Name
Street Address 51 COLUMBUS ROAD	Street Address
City BOYLSTON State MA Zip 01505	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR

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



* 7 3 2 8 6 *

File Date 3/2

Check No. 632

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.

Paul Duquette 2/28/01
Signature of Officer Date

PAUL DUQUETTE

Print or Type Name of Officer
PRESIDENT

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73286 2. Name of Corporation A. DUQUETTE & SON, INC.
3. Street Address Principal Business Office 73 SOUTHWEST CUTOFF City WORCESTER State MA Zip 01604
4. Business Phone No. (508) 755-8247 5. State of Incorporation MASSACHUSETTS 6. SIC Code 0232
7. Brief Description of the Character of Business Conducted in Rhode Island

HVAC/REFRIGERATION SALES, INSTALLATION & SERVICE

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

President Name PAUL J. DUQUETTE Vice President Name
Street Address Street Address
City 51 COLUMBUS ROAD City State Zip
BOYLSTON MA 01505
Secretary Name BETH DUQUETTE Treasurer Name PAUL J. DUQUETTE
Street Address Street Address
City 51 COLUMBUS ROAD City State Zip
BOYLSTON MA 01505

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

Director Name PAUL J. DUQUETTE Director Name ALBERT H. DUQUETTE
Street Address Street Address
City 51 COLUMBUS ROAD City State Zip
BOYLSTON MA 01505
Director Name BETH DUQUETTE
Street Address Street Address
City 51 COLUMBUS ROAD City State Zip
BOYLSTON MA 01505

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 COMMON NO PAR

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR

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

File Date: 2/24

Check No.: 506

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.

Paul Duquette 8-22-00
Signature of Officer Date

Paul Duquette
Print or Type Name of Officer

President
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
401-222-3040



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. **73288** 2. Name of Corporation **A. DUQUETTE & SON, INC.**TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF: D**
3. Street Address Principal Business Office **975 MILLBURY STREET** City **WORCESTER** State **MA** Zip **01607**
4. Business Phone No. **(508)755-8247** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
HVAC/REFRIGERATION SALES, INSTALLATION & SERVICE

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

President Name PAUL J. DUQUETTE	Vice President Name
Street Address 51 COLUMBUS ROAD	Street Address
City BOYLSTON State MA Zip 01505	City State Zip
Secretary Name BETH DUQUETTE	Treasurer Name PAUL J. DUQUETTE
Street Address 51 COLUMBUS ROAD	Street Address 51 COLUMBUS ROAD
City BOYLSTON State MA Zip 01505	City BOYLSTON State MA Zip 01505

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

Director Name PAUL J. DUQUETTE	Director Name ALBERT H. DUQUETTE
Street Address 51 COLUMBUS ROAD	Street Address 16 CASAVAN AVENUE
City BOYLSTON State MA Zip 01505	City SHREWSBURY State MA Zip 01545
Director Name BETH DUQUETTE	
Street Address 51 COLUMBUS ROAD	
City BOYLSTON State MA Zip 01505	City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



* 7 3 2 8 6 *

File Date: Feb 26, 99
Check No.: 180
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: Paul J. Duquette Date: 2/24/99
Print or Type Name of Officer: **PAUL J. DUQUETTE**
Title of Officer: **PRESIDENT**



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. **73286** 2. Name of Corporation **A. DUQUETTE & SON, INC.**TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF: D**
3. Street Address Principal Business Office **975 MILLBURY STREET** City **WORCESTER,** State **MA** Zip **01607**
4. Business Phone No. **(508) 755-8247** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code

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

HVAC/REFRIGERATION SALES, INSTALLATION & SERVICE

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

President Name

PAUL J. DUQUETTE

Street Address

51 COLUMBUS ROAD

City **BOYLSTON** State **MA** Zip **01505**

Secretary Name

BETH DUQUETTE

Street Address

51 COLUMBUS ROAD

City **BOYLSTON** State **MA** Zip **01505**

Vice President Name

Street Address

City State Zip

Treasurer Name

PAUL J. DUQUETTE

Street Address

51 COLUMBUS ROAD

City **BOYLSTON** State **MA** Zip **01505**

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

Director Name

PAUL J. DUQUETTE

Street Address

51 COLUMBUS ROAD

City **BOYLSOTN,** State **MA** Zip **01505**

Director Name

BETH DUQUETTE

Street Address

51 COLUMBUS ROAD

City **BOYLSTON,** State **MA** Zip **01505**

Director Name

ALBERT H. DUQUETTE

Street Address

16 CASAVAN AVENUE

City **SHREWSBURY** State **MA** Zip **01545**

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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



* 7 3 2 8 6 *

File Date: 4-2-98

Check No.: 1400

By: 100

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.

Paul Duquette 4-1-98
Signature of Officer Date

Paul Duquette
Print or Type Name of Officer

President
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 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.
73286

2. Name of Corporation

A. DUQUETTE & SON, INC.**TO DO BUSINESS UNDER FICTITIOUS NAME ONLY OF:

3. Street Address Principal Business Office

975 MILLBURY STREET

City

WORCESTER

State

MA

Zip

01607

4. Business Phone No.

(508)755-8247

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

1711

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

REFRIGERATION SYSTEMS INSTALLATION, REPAIRS AT JOB SITES

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

President Name

PAUL DUQUETTE

Vice President Name

Street Address

51 COLUMBUS ROAD

Street Address

City State Zip
BOYLSTON MA 01505

City State Zip

Secretary Name

BETH DUQUETTE

Treasurer Name

PAUL DUQUETTE

Street Address

51 COLUMBUS ROAD

Street Address

51 COLUMBUS ROAD

City State Zip
BOYLSTON MA 01505

City State Zip
BOYLSTON MA 01505

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

Director Name

PAUL DUQUETTE

Director Name

ALBERT DUQUETTE

Street Address

51 COLUMBUS ROAD

Street Address

16 CASAVAN AVENUE

City State Zip
BOYLSTON MA 01505

City State Zip
SHREWSBURY MA 01545

Director Name

BETH DUQUETTE

Director Name

Street Address

51 COLUMBUS ROAD

Street Address

City State Zip
BOYLSTON MA 01505

City State Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 COMMON NO PAR

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 COMMON NO PAR

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



* 7 3 2 8 6 *

File Date: 3/3/97

Check No.: 1058

By: GAA

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: Paul Duquette Date: 2/28/97

PAUL DUQUETTE

Print or Type Name of Officer

PRESIDENT & TREASURER

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. 73286
2. NAME OF CORPORATION A. DUQUETTE & SON, INC. **TO DO BUSINESS UNDER
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 985 Millbury St. Worcester MA 01607
4. BUSINESS PHONE NO. 508-755-8247
5. STATE OF INCORPORATION MASSACHUSETTS
6. SIC CODE 1711

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

REFRIGERATION SYSTEMS INSTALLATION, REPAIRS AT JOB SITES

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME ALBERT Duquette
STREET ADDRESS 16 CASAVAN AVE
CITY SHREWSBURY STATE MA ZIP CODE
VICE PRESIDENT NAME PAUL Duquette
STREET ADDRESS 51 COLUMBUS ROAD
CITY BOYLSTON STATE MA ZIP CODE 01505
SECRETARY NAME PAUL Duquette
STREET ADDRESS
CITY STATE ZIP CODE
TREASURER NAME ALBERT Duquette
STREET ADDRESS
CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME AS ABOVE PLUS MARJORIE DUQUETTE
STREET ADDRESS 16 CASAVAN AVE
CITY SHREWSBURY STATE MA ZIP CODE
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE
DIRECTOR NAME
STREET ADDRESS
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
1000	Common	No PAR	100	Common	No PAR

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

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.

✓ Paul Duquette
Signature of Officer

✓ Paul Duquette
Print or Type Name of Officer

✓ Vice President
Title of Officer
Date

Filing Fee \$55.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02902-1226
401-777-3840

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0073286

Annual Report for the year: 1995

Name of Business Entity: A. DUQUETTE & SON, INC. ** TO DO BUSINESS AS DUQUETTE REFRIGERATION

Business entity organized under the laws of the State of MA

Business Entity is (check one)

Federal Taxpayer Identification Number:

- ☒ Business Corporation (See RIGL Chapter 7-11)
☐ Professional Service Corporation (See RIGL Chapter 7-51)
☐ Limited Liability Company (See RIGL 7-16)

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

Name, title and mailing address of contact person to whom communications may be directed:

975 MILLBURY STREET

ALBERT DUQUETTE, PRESIDENT

WORCESTER, MA 01607

975 MILLBURY STREET

WORCESTER, MA 01607

Phone: (508) 755-8247

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

Brief statement of the character of business conducted in Rhode Island

REFRIGERATION INSTALLATION AND SERVICE

Date of Organization: 1/10/86

Date of Qualification to do business in Rhode Island (if foreign entity):

7/21/93

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	ALBERT DUQUETTE	16 CASAVAN AVE.	SHREWSBURY, MA	01545
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	PAUL DUQUETTE	51 COLUMBUS RD.	BOYLSTON, MA	01505
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
AS ABOVE / AND			
MARJORIE DUQUETTE	16 CASAVAN AVE.	SHREWSBURY, MA	01545

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS COMMON

CLASS COMMON

SERIES

SERIES

PAR VALUE OR NO PAR
WITHOUT PAR

PAR VALUE OR NO PAR
WITHOUT PAR

Date 3-1-95

Albert H. Duquette Pres. & Treas.

ALBERT H. DUQUETTE

PRINT OR TYPE NAME OR OFFICIAL SIGNING

PRESIDENT & TREASURER

TITLE OF OFFICER SIGNING

Form 31 1/84

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

004201 1-900

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE, RI 02903

FILED

MAR 02 1995

By cc 0477

Filing Fee \$20.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT

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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0073286 Annual Report for the year: 1994

Name of Business Entity: A. DUQUETTE & SON, INC. *TO DO BUSINESS

Business entity organized under the laws of the State of MA

Federal Taxpayer Identification Number: [REDACTED]

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

975 MILLBURY STREET
WORCESTER, MA 01607

Phone: (508) 755 8247

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

Phone: ()

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

ALBERT DUQUETTE, President
975 MILLBURY STREET
WORCESTER, MA 01607

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

REFRIGERATION INSTALLATION & SERVICE ON
GENERAL BASIS

Date of Organization: 1/10/86

Date of Qualification to do business in Rhode Island (if foreign entity):

7/1/93 7/9/93 (AP)

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>ALBERT DUQUETTE</u>	<u>16 CASAVAN AVE.</u>	<u>SHREWSBURY, MA</u>	ZIP CODE
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>PAUL DUQUETTE</u>	<u>93 ARIZONA AVE.</u>	<u>HOUDON, MA</u>	ZIP CODE
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	<u>AS ABOVE / AND</u>	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	<u>MARGORIE DUQUETTE</u>	<u>16 CASAVAN AVE.</u>	<u>SHREWSBURY, MA</u>	ZIP CODE
NAME				

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par

Date 3-10, 19 94

By: Albert H. Duquette
Albert H. Duquette
PRINT OR TYPE NAME OF OFFICER SIGNING
Pres - & Treas -
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE RI 02903

APR 11 1994

By: APM