

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

Corporate ID No. 2. Name of Corporation 73286 A. DUQUETTE & SON. INC.	73286 A. Street Address Principal Business Of 73 SOUTHWEST CUTOFF 6. Business Phone No.	. DUQUETTE				
Street Address Principal Business Office 73 SOUTHWEST CUTOFF 8 State 2 p 8 MORCESTER MA 01604 6 SUC Code 508-755-8247 8 MASSACHUSETTS 0232 8 NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS PAUL DUQUETTE Street Address Size Size Size Size Size Size Size Size	3. Street Address Principal Business Of 73 SOUTHWEST CUTOFF 1. Business Phone No.					
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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. Dua	uette a Soi	n.Inc.		
3 Street Address Principal Business Of 73 Southwest	fice 1 00		Worcester	State	01604
1508) 755-824	47	5. State of Incorporation Massac	husetts		6. SIC Cride 0232
7. Brief Description of the Character of HVAC/Refrig. B. NAMES AND ADDRESSES	Business Conducted in R	Bode Island		C C ACES BEFORE USING A	TTA CHMENTS
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51 Columbus			Street Address		
Doylston]	M A	01505	City	State	Zip
Beth Duquel	te_		Paul J. Du	quette	
51 Columbus			51 Columb	us Road	
BOYISTON 9. NAMES AND ADDRESSES	State MA OF THE DIRECTOR	01505	Boylston	State M4	01505
Paul J. Dug	uetle	\$: <i>("X" BOX FOR A1</i> 7	Director Name Albert H.	Duauette	ATTACHMENTS
51 Columbus	Road		Street Address 16 Casar	an Avenue	,
Bylston Director variation	State MA He	01505	Shawbuy.	State MA	0/545
Sirver Address 51 Callimbits	s Road		Street Address	<u>.</u>	
Bylston 10. Shares Authorized (State A	0/505	City 11. SHARES ISSUED (*X	State	Zip
AUTHORIZED SHARES	Class/Series		ISSUED SHARES		, <u> </u>
	 	Par Value	Number of Shares	Class/Series	Par Value
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This report must be sign	gned in ink by eithe	er the President, Vice Pr	resident. Secretary, Assistant	Secretary, Treasurer, Rec	eiver or Trustee
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<u> </u>		1		y. I declare and affirm that I nying schedules and statements	
File Date	<u> </u>		jaul 1	Quantité	9-9-04
Check No. SI	2 1 3 2 2 2	R	Signature of Officer	ustic.	Date
Ву:	1015) -	Print or Type Name of O	fficer	
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer	<u> </u>	Form 630 Rev. 12/03



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

3. Street Address Principal Business Office 73 SOUTHWEST CUTOFF 4. Business Phone No. 5. State of Incorporation 5087558247	· · · · · · · · · · · · · · · · · · ·	Zip 01604 - 6 SIC Code 0232 TTACHMENTS
5087558247 MASSACHUSETTS Brief Description of the Character of Business Conducted in Rhode Island HVAC/REFRIGERATION BALES, INSTALLATION AND BERVICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPAPERSIDENT Name President Name Vice President Name PAUL J. DUQUETTE Street Address Street Address	· · · · · · · · · · · · · · · · · · ·	. 0232
7. Brief Description of the Character of Business Conducted in Rhode Island HVAC/REFRIGERATION BALES, INSTALLATION AND BERVICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPA President Name PAUL J. DUQUETTE Street Address 51 COLUMBUS ROAD City State Zip City BOYLSTON MA 01505	· · · · · · · · · · · · · · · · · · ·	
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BETH DUQUETTE PAUL J. DUQUETTE	3	
Street Address Street Address 51 COLUMBUS ROAD 51 COLUMBUS ROAD		
		
City State Zip City BOYLSTON MA 01505 BOYLSTON	State MA	<i>Zip</i> 01505
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SE	PACES BEFORE USING	
PAUL J. DUQUETTE 'ALBERT H. DUQUET	ME	
Street Address 51 COLUMBUS ROAD 16 CASAVAN AVENU	JE	
City State Z(p City BOYLSTON MA 01505 *SHREWSBURY	State MA	<i>Zip</i> 01545
Director Name Director Name Director Name		
Sireet Address 51 COLUMBUS ROAD 52 COLUMBUS ROAD		
City State Zip City	State	2ip
BOYLSTON MA 01505		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	vi) 🗆
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1,000 COMM NO PAR VALUE 100	COMMON	NO PAR
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Signature of Officer Date

PAUL DUQUETTE

Prim or Type Name of Officer

PRESIDENT

Title of Officer Form 630 12/01

1. Gorporate ID No.

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)			

2. Name of Corporation

4 Business Pl	ress Principal Business 73 SOUTHWE			City	State	
	b. 6.7	JI COTOFF		WORCESTER	MA	^{Ζίρ} 01604
	(508)755-8	1247	5 State of Incorporation MASSACHUS			6 SIC Cade 0 23
7 Buef Descu	iption of the Character HVAC/REFF	ot Business Conducted in RIGERATION S	Rhode Island SALES, INSTAL	LATION & SERVICE	:	
8. NAMES President Nam			ERS ("X" BOX FOR AT)	VICE President Name	S BEFORE USING ATTAC	HMENTS
Street Address	51 COLUME	US ROAD		Street Address		
City I	BOYLSTON	State MA	^{Zip} 01505	City	State	Zip
Secretary Nam	BETH DUQUE	TTE		Treasurer Name PAUL J. D	UQUETTE	
Street Address	51 сот.имви	S ROAD		Street Address 51 COLUMB	US ROAD	
City	BOYLSTON	State MA	^{Zip} 01505	BOYLSTON	State MA	^{Zip} 01505
Director Name	SAND AD <u>DR</u> ESS PAUL J. DU		CTORS (*X <u>* BOX F</u> OR A	Director Name ALBERT H.		ACHMENTS
Street Address	51 COLUMBU	S ROAD		Street Address 16 CASAVA	N AVENUE	
City I	BOYLSTON	State MA	01505	City SHREWSBUR	Y MA	^{Ζφ} 01545
Director Name I	BETH DUQUE	ТТЕ		Duector Name		
Strect Address	51 COLUMBU	S ROAD		Street Address		
City E	BOYLSTON	State MA	^{Zip} 01505	City	State	Zip
10. SHARE AUTHORIZED SE		CX* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT))
Number of Sha		Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 CO	MM NO PAR VAL	UE		100	COMMON	NO PAR

he President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



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File Date	_ <i>_\(\)</i> _		
Check No.:	88-1	<u> </u>	
	2		
FOR SECRETARY INC.	-		· · -—

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

Land Quanth	2-26-02
Signature of Officer	Date
DA	

PAUL DUQUETTE Print or Type Name of Officer

PRESIDENT

Title of Officer

... ... /1

Zip

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1

Filing Fee: \$50.00

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Corporate	Ю	No.	

AUTHORIZED SHARES

Number of Shares

2. Name of Corporation

73286

A. DUQUETTE & SON, INC.

3. Street Address Principal Business Office 73 SOUTHWEST CUTOFF WORCESTER 01604 MA 6. SIC Code 0232 MASSACHUSETTS (508) 755-8247 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 Vice President Name PAUL J. DUQUETTE Street Address Street Address 51 COLUMBUS ROAD City City State 01505 BOYLSTON MA Secretary Name Treasurer Name BETH DUQUETTE PAUL J. DUOUETTE Street Address Street Address 51 COLUMBUS ROAD 51 COLUMBUS ROAD City State Zip 01505 BOYLSTON MA 01505 BOYLSTON MA 9._NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS_ Ducctor Name PAUL J. DUQUETTE ALBERT H. DUQUETTE Street Address Street Address 51 COLUMBUS ROAD 16 CASAVAN AVENUE City State State BOYLSTON 01505 01545 MA SHREWSBURY MA Director Nume Director Name BETH DUOUETTE Street Address Street Address 51 COLUMBUS ROAD City State City State Zip01505 BOYLSTON MA 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

City

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

ISSUED SHARES

Number of Shares

100



1,000 COMM NO PAR VALUE

Class/Senes

Par Value

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

PAUL DUQUETTE

Class/Series

COMMON

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.

Par Value

NO PAR

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

STOP PIE ASE RIAD INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED					
I. Corporate ID No.	2. Name of Corpora				
73286 3. Street Address Principal :		ETTE & SON, II	VC •	State	Zip
73 SOUTHW 4. Business Phone No.	EST CUTOFF	5 State of Incorporation	WORCESTER	MA	01604 6 SIC Code
(508) 755 7. Brief Description of the C	5-8247 Character of Business Conducted	MASSACHUS	SETTS		0232
	RIGERATION SALI DORESSES OF THE OFF				
PAUL J.	DUQUETTE		Street Address		
51 COLUM	IBUS ROAD State	Zip	City	State	Zip
BOYLSTON Secretary Name	I MA	01505	Treasurer Name		
BETH DUC Street Address)UETTE		PAUL J. DUQUE Street Address	TTE	
51 COLUM	ABUS ROAD State	Zip	51 COLUMBUS R	OAD State	Zip
	N MA DDRESSES OF THE DIR	01505 ECTORS (<u>tx*</u> b <u>ox f</u> or a		MA	01505
PAUL J. Street Address	DUQUETTE		Director Name ALBERT H. DU Street Address	QUETTE	
Gity 51 COLUN	ABUS ROAD State	Zip	16 CASAVAN A	VENUE State	Zip
BOYLSTON Director Name	N MA	01505	SHREWSBURY Director Name	MA	01545
BETH DUC	QUETTE		Street Address		
City 51 COLUM	MBUS ROAD State	Zip	City	State	Zip
BOYLSTON 10. SHARES AUTHO AUTHORIZED SHARES	N MA ORIZED (*X* BOX FOR AT.	01505 fachment)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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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 examin	
		this report, including any accompanying schedules and statemen	its, and
	•	that all statements contained herein are true and correct.	
File Date:	2124	Quel Questo 8-22-00	
	501.	Signature of Officer Date	
Check No.:			
	Ze.	Print or Type Name of Pfficer	
By:			
FOR SECRETARY OF ST	TATE USE ONLY	The of Officer	<u> </u>



James R. Langevin, Sccretary 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)

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1. Corporate ID No.	2. Name of Corporation				
73288	A. DUQUETTE &	k SON, INC.#	TO DO BUSINESS (UNDERFICTITIOUS NA	AME ONLY OF: D
3. Street Address Principal Business Of 975 MILLBURY STR	ÉÉT	-	CIII WORCES		Zip 01607
4. Business Phone No. (508)755-8247		S. State of Incorpo			6. SIC Code
7. Brief Description of the Character of HVAC/REFRIGERAT	Business Conducted in Rho ION SALES, INS	de Island			
8. NAMES AND ADDRESSE President Name PAUL J. DUQUETTE		S (*X* BOX FOR .	ATTACHMENT) FILL IN Vice President Nam	SPACES BEFORE USING	ATTACHMENTS
Sireet Address 51 COLUMBUS ROA	V D		Street Address		
BOYLSTON	State MA	Zip 0150	City 5	State	Zip
Secretary Name BETH DUQUETTE			Treasurer Name PAUL J. [DUQUETTE	•••
, Street Address 51 COLUMBUS ROA	VD.		Street Address 51 COLUI	MBUS ROAD	
BOYLSTON	State MA	<i>zι_p</i> 01505	5 BOYLSTO	State ON MA	21p 01505
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FO	R ATTACHMENT) FILL	IN SPACES BEFORE USING	G ATTACHMENTS
PAUL J. DUQUETTE			Director Name	H. DUQUETTE	
Street Address 51 COLUMBUS ROA	N D		Street Address 16 CASA	VAN AVENUE	•
BOYLSTON Director Name	MA.	^{Zip} 0150	5 SHREWS	BURY MA	Zip 01545
BETH DUQUETTE Street Address			Street Address		
51 COLUMBUS ROA	ND .				
City	State	Zip	City	State	Zip
BOYLSTON 10. SHARES AUTHORIZED (AUTHORIZED SHARES	MA "X" BOX FOR ATTACHM	0150 ENT)	11. SHARES IS	SUED ("X" BOX FOR ATTAC	HMENT)
Number of Shares	Class/Series	Par Value	ISSUED SHARES 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

100

NO PAR

	* 7 3 2 8 6 *
File Date:	leh 26,99
Check No.:	iso
Ву:	
FOR SECRETARY	OF STATE USE ONLY

COMMON

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.

COMMON

NO PAR

Signature of Officer PAUL J. DUQUÉTTE

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

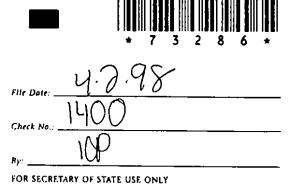
STOP PLEASE READ INSTRUCTIONS

(FORM MUST	BE TYPED IN BLACK)

7. Corporate ID No. 73286	2. Name of Corpo A. DUQUE	TTE & SON, INC.#*T	O DO BUSINESS UNDER	FICTITIOUS NAME	ONLY OF: D
3. Street Address Principal Bus 975 MILLBURY			City WORCESTER,	State MA	^{21p} 01607
4. Business Phone No. (508)755-824	7	5. State of Incorporation MASSACHU	ŜETTS		6. SIC Cade
7. Brief Description of the Cha	practer of Business Conducted	i in Rhode Island			
HVAC/REFRIGE 8. NAMES AND ADD President Name	RATION SALES RESSES OF THE OF	, INSTALLATION FICERS (*X* BOX FOR ATT	N & SERVICE FACHMENT) Vice President Name		
PAUL J. DUQU	ETTE		Street Address		
51 COLUMBUS	ROAD				
Clly	State	Zip	City	State	21p
BOYLSTON	MA	01505			·
Secretary Name			Treasurer Name		
BETH DUQUETT	E		PAUL J. DUQU Street Address	ЕТТЕ	
51 COLUMBUS	ROAD		51 COLUMBUS	ROAD	
City	State	Zip	City	State	Zip
BOYLSTON	MA	01505	BOYLSTON	MA	01505
9. NAMES AND ADD	RESSES OF THE DIE	RECTORS ("X" BOX FOR A	ATTACHMENT) ·		
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name		
PAUL J. DUQU	ETTE		ALBERT H. DU	QUETTE	
51 COLUMBUS	ROAD		16 CASAVAN A	VENIIE	
City	State	Zip	City	State	Zip
BOYLSOTN,	MA	01505	SHREWSBURY	MA	01545
Director Name	•		Director Name	•	
BETH DUQUETT	E				
Street Address			Street Address		
51 COLUMBUS 1	ROAD				
City	State	Zip	City	State	Zip
BOYLSTON,	MĀ	01505			,
10. SHARES AUTHOR AUTHORIZED SHARES	IZED (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	C BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR	100	COMMON	NO PAR
	33	NO TAK	100	·	140 1 1

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

Title of Officer



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

Date

Print or Type Name of Officer



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)

3. Street Address Principal Business Office

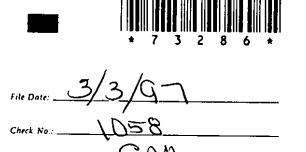
2. Name of Constalling & SON, INC.**TO DO BUSINESS UNDERFICTITIOUS NAME ONLY OF

State

City

S OF THE OFFI State MA		SETTS SPAIRS AT JOB SIT	ES State	6. SIC Code 1711
STEMS INS S OF THE OFFI State MA	in Rhode Island STALLATION, RE ICERS ("X" BOX FOR ATTA ZIP	CPAIRS AT JOB SIT ACHMENT) Vice President Name Street Address City		
STEMS INS S OF THE OFFI State MA	TALLATION, REICERS ("X" BOX FOR ATT.	ACHMENT) Vice President Name Street Address City		Zip
S OF THE OFFI State MA	ICERS ("X" BOX FOR ATT.	ACHMENT) Vice President Name Street Address City		Zip
State MA	Zip	Vice President Name Street Address City	State	Zip
State MA		Street Address	State	ZIp
State MA		City	State	ZIp
State MA		City	State	Zip
State MA		·	State	Ζίρ
MA		·	State	ZIp
	01202	Treasurer Name		
		Treasurer Name		
			_	
		PAUL DUQUETTI	E	
		Street Address	2012	
State	***	51 COLUMBUS F		
MA	zıp 01505	City CEON	State	Zip
		BOYLSTON	MA	01505
<u>oʻnt iur niki</u>	CLICKS I'X" BOX FOR A			·
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State	7 in			
	•	<u>'</u>		zip 01545
			rin.	. 01343
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		Street Address		
		viisti rimurigg		
State	Zip	City	State	Zip
MA	01505	,	Sint	wih
AND ISSUED	X* BOX FOR ATTACHMENT)		
- •	······································			
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
OMMON	NO PAR	100	COMMON	NO PAR
	State MA State MA AND ISSUED (**	SOF THE DIRECTORS ("X" BOX FOR AT State Zip MA 01505 State Zip MA U1505 AND ISSUED ("X" BOX FOR ATTACHMENT Class/Series Par Value	SOF THE DIRECTORS (*x* BOX FOR ATTACHMENT) Director Name ALBERT DUQUE? Street Address 16 CASAVAN AV City MA 01505 SHREWSBURY Director Name Street Address State Zip City MA 01505 AND ISSUED (*x* BOX FOR ATTACHMENT) ESSUED SHARES Class/Series Par Value Number of Shares	SOF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name ALBERT DUQUETTE Street Address 16 CASAVAN AVENUE State MA 01505 SHREWSBURY MA Director Name Street Address State AND ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Class/Series Par Value Number of Shares Class/Series

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



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 affistatements contained herein are true and correct.

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, Scientary 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. 2. NAME OF CORPORATION 73286 A. DUQUETTE & SON, INC.**TO DO BUSINESS UNDER 3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE ZP C000E * MILLBURY 01607 4 BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6 SIC CODE MASSACHUSETTS 503-755-6247 17 11 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND REPAIRS PRESIDENT NAME STREET ANOMESS ZIP CODE άñγ **ZIP COO**E OF THE DIRECTORS ADDRESSES DIRECTOR NAME As STREET ADORESS ZP COOE DIRECTOR NAME STREET ACORESS STREET ADDRESS : STATE **AUTHORIZED SHARES** HUMBER OF SHARES CLASS / SERVES 1000 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.

Signature of Officer

V Paul Diquette

V III Procedur

Title of Officer

Date

Filing Fee 658.86 Payable to: Scorestry of State

PLEASE TYPE or PRINT State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Previdence, Rhode Island 82382-1234

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

401	- 777 - 1840
Corporate 10: 0073286	Annual Papert for the year. 1995
Name of Business Entity: A. DUOUETTE & SON, IN	C. ** TO DO BUSINESS AS DUDUETTE REFRIGERATION
Business entity organized under the laws of the State of MA	Business Empty is (check one)
Federal Taxpayer Identification Strober,	[X] Business Corporation (See AlCt. Chapter 7-11) [] Professional Service Corporation (See RICE. Chapter 7-51)
For toneign entity, address and telephone number of principal office.	
975 MILLBURY STREET	Communications may be discust ALBERT DUGUETTE PRESIDENT
WORCESTER, MA 01607	975 MILLBURY STREET
	WORCESTER, MA 01607
	
Phone: (508)755-8247	
Address and belephone of the principal office of business entity in Rhode leand (Provide street address - Not PO Box)	Brief statement of the character of business conducted in Prode Island
	REFRIGERATION INSTALLATION AND
	SERVICE
	Date of Organization. 1/10/86
Phone: ()	Date of Qualification to do pusitiess in Priode Island (if foreign entity)
7008:	7/21/93
THE RAMES C	OF THE OFFICERS ARE:
CRIT EXCUSTME OFFICER OF X PRESIDENT (Chief One) 31	PET ABORES CITY/STATE 27F CODE
ONES OPERATING OFFICER OF A PICE PRESIDENT (CO-12 CO-2) ST	ASAVAN AVE. SHREWSBURY, MA 01545
	OLUMBUS RD. BOYLSTON, MA 01505
GOOD PHIARCIAL GOVERN CR TARAGETER (Court One) 67	ALET ADDRESS CITY/STATY 219 CODE
	THE DIRECTORS ARE:
AS_ABOVE / AND _	
MARJORIE DUQUETTE 16 C	ASAVAN AVE. SHREWSBURY, MA 01545
40 1	TET ABOREST CITY/STATE 219 CODE
NUMBER OF SHEPES AUTHORIZED (11 Applicable)	MANREP OF SHARES ISSUED AND OUTSTANDING (II Applicable)
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Date 3-1 10 95	albut No producto his theas-
· · · · · · · · · · · · · · · · · · ·	ALBERT H. DUQUETTE
	PRESIDENT & TREASURER
Ferm 31 1794	
DESIGNATED REGISTENCE ON RESI	DENT 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 filled.
644141 1.000	

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

FILED MAR 0 2 1995

By 02.0477

Inling free \$50,00 Payable to-Secretary of State

State of Rhode Island and Providence Plantations | C556 | Lic Annually | LLC: Sept. 1 - Nov. 1 | Office of The Secretary of State | 100 North Main Street | Providence, Rhode Island 02903-1335

L.

100 North Main Street
Providence: Rhode Island 02903-1335
401-277-3040

Corporate ID:	Annual Report for the year:
Name of Business Entity:	A. DUQUETTE & SON, INC. **TO DO BUSINESS
Business entity organized under the laws of the State ofA	Business Entity is (check one).
Federal Taxpayer Identification Number.	Business Corporation (See RIGL Chapter 7-1.1)
For foreign entity, address and telephone number of principal office-	[] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16)
ATE MILLOURY STIFFET	Name, title and mailing address of contact person to whom
Worresta, MA Olbon	communications may be directed: ———————————————————————————————————
·	915 MILLOURY STREET
Phone: (508) 755 8247	WORKESTER MA OWOT
Address and telephone of the principal office of business entity in Rhi	
Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
	REFRIEGRATION INSTALLATION ESCRULUT ON
	CAMPRACT BASIS
	Date of Organization: 1 10 66
Phone: ()	Date of Qualification to do business in Rhocle Island (if foreign entity):
<u></u>	
THE NAM	AFS OF THE OFFICERS ARE:
ALBERT DURVETTE ILE CA	SAURI AUE. SHREWS BURY MA
PAUL DOQUETTE 93	STREET ADDRESS CITY/STATE ZIPCOOK
CONTRACTORISTIC DICKLIANTICATION 93 F	A RIZONA AVE. HOLDEN, MA
OHET INANCIAL OFFICER DR. TREASURER COST ONC	STRUE ADDRESS CONSTATE ZIP CONF
THE NAM	EC OF THE DIDECTORS AND
Λ	ES OF THE DIRECTORS ARE:
NAME AND	STRUCT AINMESS A CITYSTATE ZUCCOS
MANORIE DUAUETTE	IL CAJAVAN AVE. SHREWSBURY MA
NAME	STRUCT ADDRESS CITY/STATE ZIP CUIR.
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1,000	NUMBER 100
_	
CLASS Commen	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No PAR	PAR VALUE OR WITHOUT PAR No PAR
Dute 3-10 1994	ald At H
One	By: Claren II Magnett
	Albert Hivaquette
	Pres - & Treat -
	TITLE OF 194 K.C.R. SIGN 1960
Ferm 31 1/94	
DESIGNATED REGISTERED O	R RESIDENT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the Corporation has changed its registered office	e and/or registered or resident seent. Form 9 or Form 1.1.C.3 must be filed

FILED

PRENTICE-HALL CORP SYSTEM 170 WESTMINSTER STREET, SUITE 900 PROVIDENCE RI 02905 APR 1.1 1981