



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. 62988		2. Name of Corporation ALMEIDA PLUMBING, HEATING & AIR, INC.		
3. Street Address Principal Business Office 15C Lark Industrial Parkway		City Smithfield,	State RI	Zip 02828
4. Business Phone No. 949-0040		5. State of Incorporation RHODE ISLAND		6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING AND HEATING COMPANY				

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

President Name Alfred E. Almeida, III			Vice President Name Alfred E. Almeida, III		
Street Address 94 Ridge Road			Street Address 94 Ridge Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Alfred E. Almeida, III			Treasurer Name Alfred E. Almeida, III		
Street Address 94 Ridge Road			Street Address 94 Ridge Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917

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

Director Name Alfred E. Almeida, III			Director Name Alfred E. Almeida, III		
Street Address 94 Ridge Road			Street Address 94 Ridge Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Alfred E. Almeida, III			Director Name Alfred E. Almeida, III		
Street Address 94 Ridge Road			Street Address 94 Ridge Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917

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
200 NO PAR VALUE			200	Common	None

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



FILED
File Date **MAR-2-2 2005** 8221
Check No. **105**
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 **[Signature]** Date **3/16/05**
Alfred E. Almeida, III
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main St
Providence, RI 02903-1
401-222-31

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 62988		2. Name of Corporation ALMEIDA PLUMBING, HEATING & AIR, INC.		
3. Street Address Principal Business Office 15C LARK INDUSTRIAL PARKWAY		City SMITHFIELD	State RI	Zip 02828
4. Business Phone No 401-		5. State of Incorporation RHODE ISLAND		6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING AND HEATING COMPANY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ALFRED E. ALMEIDA, III		Vice President Name ALFRED E. ALMEIDA, III		
Street Address 94 RIDGE ROAD		Street Address 94 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI
Secretary Name ALFRED E. ALMEIDA, III		Treasurer Name ALFRED E. ALMEIDA, III		
Street Address 94 RIDGE ROAD		Street Address 94 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name OFFICERS		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
200 NO PAR VALUE			100	COMMON
				NO PAR VALU

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



* 6 2 9 8 8 *

File Date 1-26-04
 Check No. 0011748
 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 statement contained herein are true and correct.

[Signature] 1/23/04
 Signature of Officer Date
ALFRED E. ALMEIDA, III
 Print or Type 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. **62988**
 2. Name of Corporation **ALMEIDA PLUMBING SYSTEMS, INC.**
 3. Street Address Principal Business Office
15 LARK INDUSTRIAL BLVD.
 4. Business Phone No.
 5. State of Incorporation **RHODE ISLAND**

City **GREENVILLE** State **RI** Zip **02828**
 6. SIC Code **232**

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

PLUMBING & HEATING CONTRACTING

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

President Name
ALFRED E. ALMEIDA III
 Street Address
94 RIDGE ROAD
 City State Zip
SMITHFIELD RI 02917

Vice President Name
ALFRED E. ALMEIDA III
 Street Address
94 RIDGE ROAD
 City State Zip
SMITHFIELD RI 02917

Secretary Name
ALFRED E. ALMEIDA III
 Street Address
94 RIDGE ROAD
 City State Zip
SMITHFIELD RI 02917

Treasurer Name
ALFRED E. ALMEIDA III
 Street Address
94 RIDGE ROAD
 City State Zip
SMITHFIELD RI 02917

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

Director Name
OFFICERS
 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

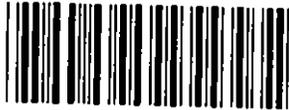
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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



* 6 2 9 8 8 *

File Date: 5-19-03
 Check No.: 11053
2

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.

Alfred E. Almeida III 03/01/03
 Signature of Officer Date

ALFRED E. ALMEIDA III
 Print or Type Name of Officer

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 02903-1332
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. **62988** 2. Name of Corporation **Almeida Plumbing Systems, Inc.**
3. Street Address Principal Business Office **15C Lark Industrial Parkway** City **Smithfield** State **RI** Zip **02828**
4. Business Phone No. **(401) 949-0040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island **Plumbing and hearing service**

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

President Name			Vice President Name		
Alfred E. Almeida, III					
Street Address			Street Address		
94 Ridge Road					
City	State	Zip	City	State	Zip
Smithfield	RI	02917			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTOR (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
Number of Shares Class/Series Par Value
200 **no par value**

11. SHARES ISSUED (X IN BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
none

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.

File Date 41-03
Check No. 5917
By ICP

Alfred E. Almeida, III
Signature of Officer
Alfred E. Almeida, III
Print or Type Name of Officer
President
Title of Officer

FOR SECRETARY OF STATE USE ONLY

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. **62988** 2. Name of Corporation **ALMEIDA PLUMBING SYSTEMS, INC.**

3. Street Address Principal Business Office **15C Lark Ind. Plwy** City **Smithfield** State **RI** Zip **02828**
4. Business Phone No. **401-949-0040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
Plumbing & Heating Service

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

President Name Alfred E. Almeida, III	Vice President Name
Street Address 94 Ridge Road	Street Address
City Smithfield State RI Zip 02917	City State Zip
Secretary Name	Treasurer Name

Street Address	Street Address
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
Number of Shares Class/Series Par Value
200 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 6 2 9 8 8 *

File Date 1-23-02

Check No. 10131

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] Date 1/23/02

Alfred E. Almeida, III

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. 62988	2. Name of Corporation Almeida Pig Systems Inc		
3. Street Address Principal Business Office 15c Lark Ind. Pkwy		City Smithfield	State RI
4. Business Phone No. 401-949-0040		5. State of Incorporation Inc	6. SIC Code 0232
7. Brief Description of the Character of Business Conducted in Rhode Island Pig + Hog Company			

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

President Name Alfred E. Almeida III			Vice President Name —		
Street Address 94 Ridge Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name —			Treasurer Name —		
Street Address			Street Address		
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)

Number of Shares	Class/Series	Par Value
200 SHS	NO PAR VAL	

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

Number of Shares	Class/Series	Par Value
0		

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

FILED

JUN 07 2001

By Alfred E. Almeida III

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.

Alfred E. Almeida III 5/17/01
Signature of Officer Date

Alfred E. Almeida III
Print or Type Name of Officer

President
Title of Officer

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

RECEIVED
STATE OF RHODE ISLAND
MAY 11 2001

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. 6298		2. Name of Corporation Almeida Pgs. Systems, Inc.			
3. Street Address Principal Business Office 15C Lark Ind. Pkwy		City Smithfield	State RI	Zip 02841	
4. Business Phone No. 401-949-0940		5. State of Incorporation Inc		6. SIC Code 0232	
7. Brief Description of the Character of Business Conducted in Rhode Island Pgs + Hqs Company					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred E. Almeida, III			Vice President Name _____		
Street Address 94 Ridge Road			Street Address _____		
City Smithfield	State RI	Zip 02841	City _____	State _____	Zip _____
Secretary Name _____			Treasurer Name _____		
Street Address _____			Street Address _____		
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
_____	_____	_____	_____	_____	_____

RECEIVED
CORPORATIONS DIVISION
MAY 23 11 22 AM '01

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

FILED

JUN 07 2001

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: Alfred E. Almeida III Date: 5/17/01

Print or Type Name of Officer: Alfred E. Almeida III

Title of Officer: President

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. 02988		2. Name of Corporation Almeida Pkg. Sys. Inc.			
3. Street Address Principal Business Office 15C Lark Ind. Pkwy			City Smithfield	State RI	Zip 02829
4. Business Phone No. 401-949-0040		5. State of Incorporation INC.		6. SIC Code 0232	
7. Brief Description of the Character of Business Conducted in Rhode Island Pkg + Hts Company					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred E. Almeida, III			Vice President Name _____		
Street Address 94 Ridge Road			Street Address _____		
City Smithfield	State RI	Zip 02917	City _____	State _____	Zip _____
Secretary Name _____			Treasurer Name _____		
Street Address _____			Street Address _____		
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
_____	_____	_____	_____	_____	_____

MAY 23 11 12 AM '01
 SECRETARY OF STATE

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

FILED

JUN 07 2001

10 JUN 05 11 L BY [Signature] 26 2001

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: Alfred E. Almeida, III Date: 5/17/01

Print or Type Name of Officer: Alfred E. Almeida, III

Title of Officer: President

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. <u>62988</u>		2. Name of Corporation <u>Almeida Plg Systems, Inc</u>			
3. Street Address Principal business Office <u>150 Lark Ind. Pkwy</u>		City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02828</u>	
4. Business Phone No. <u>401-949-0040</u>		5. State of Incorporation <u>Inc.</u>		6. SIC Code <u>0232</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Plg + Hts Company</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Alfred E. Almeida III</u>			Vice President Name <u> </u>		
Street Address <u>94 Ridge Road</u>			Street Address <u> </u>		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City <u> </u>	State <u> </u>	Zip <u> </u>
Secretary Name <u> </u>			Treasurer Name <u> </u>		
Street Address <u> </u>			Street Address <u> </u>		
City <u> </u>	State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u> </u>			Director Name <u> </u>		
Street Address <u> </u>			Street Address <u> </u>		
City <u> </u>	State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>
Director Name <u> </u>			Director Name <u> </u>		
Street Address <u> </u>			Street Address <u> </u>		
City <u> </u>	State <u> </u>	Zip <u> </u>	City <u> </u>	State <u> </u>	Zip <u> </u>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares <u> </u>	Class/Series <u> </u>	Par Value <u> </u>	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares <u> </u>	Class/Series <u> </u>	Par Value <u> </u>	Number of Shares <u> </u>	Class/Series <u> </u>	Par Value <u> </u>

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

FILED
JUN 07 2001

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.

By: KID gus
26288

Alfred E. Almeida III 5/17/01
Signature of Officer Date

Alfred E. Almeida III
Print or Type Name of Officer

President
Title of Officer

File Date: 10.27.01
Check No.: 04713
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. <u>62988</u>		2 Name of Corporation <u>Almeida Pgs Systems Inc.</u>			
3 Street Address Principal Business Office <u>15c Lark Ind. Pkwy</u>			City	State	Zip
4 Business Phone No. <u>401-949-0040</u>		5 State of Incorporation <u>INC.</u>			6 SIC Code <u>0232</u>
7 Brief Description of the Character of Business Conducted in Rhode Island <u>Plg. + Htg Company</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Alfred E. Almeida, III</u>			Vice President Name _____		
Street Address <u>94 Ridge Road</u>			Street Address		
City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	City	State	Zip
Secretary Name _____			Treasurer Name _____		
Street Address			Street Address		
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 checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
_____			_____		

RECEIVED
SECRETARY OF STATE
MAY 23 11 22 AM '01

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

FILED

JUN 07 2001

By KD
26/2001

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

Alfred E. Almeida, III 5/17/01
Signature of Officer Date

Alfred E. Almeida, III
Print or Type Name of Officer

President
Title of Officer

10. MAY 23 11 22 AM '01

File Date: _____

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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) 277-3

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 62988
2. NAME OF CORPORATION ALMEIDA PLUMBING SYSTEMS, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 41 Cedar Swamp Rd
CITY Smithfield STATE RI ZIP CODE 02917
4. BUSINESS PHONE NO. 401-231-7618
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 2881

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

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Alfred E. Almeida, III STREET ADDRESS 125 Smith Ave, 60, CITY Greenville STATE RI ZIP CODE 02828	VICE PRESIDENT NAME STREET ADDRESS CITY STATE ZIP CODE
SECRETARY NAME STREET ADDRESS CITY STATE ZIP CODE	TREASURER NAME STREET ADDRESS CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME STREET ADDRESS CITY STATE 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
200 SHS	NO PAR VAL				

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.

Alfred E. Almeida, III
Signature of Officer

Alfred E. Almeida, III
Print or Type Name of Officer

President
Title of Officer

12/29/95
Date

File Date: 1/9/96
Check No: 0006512
By: C.C. [Signature]
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 62988

Annual Report for the year: 1995

Name of Corporation: Almeida Plumbing Systems, Inc.

Business entity organized under the laws of the State of:

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

41 Cedar Swamp Rd
 Smithfield, RI 02917

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 231-7618

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

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

Plumbing & Heating Services

Same

Phone: ()

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Alfred E. Almeida, III</u>	<u>125 Smith Ave, Unit 60</u>	<u>Greenville, RI</u>	<u>02881</u>
VICE PRESIDENT <u>Same</u>			
SECRETARY <u>Same</u>			
TREASURER <u>Same</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>None</u>			
<u>None</u>			
<u>None</u>			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>200</u>	<u>NO PAR VALUE</u>

Number of Shares	Class / Series
<u>None</u>	

Date January 24, 1995

By: Alfred E. Almeida, III
 Alfred E. Almeida, III
 President

Form 31 '95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FEB 28 1995

62988

Filing Fee \$50.00
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: 0062988 Annual Report for the year: 94

Name of Business Entity: Almeida Plumbing Systems, Inc.

Business entity organized under the laws of the State of RE

Business Entity is (check one)

Federal Taxpayer Identification Number: [REDACTED]

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Limited Liability Company (See RIGL 7-1.6)

41 Cedar Swamp Rd
Smithfield, RI 02917

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

41 Cedar Swamp Rd
Smithfield, RI 02917

Phone: 401-231-7618

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

same as above

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

Plumbing + Heating

Date of Organization: 7-1-8-91 AMT

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

Phone:

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (SEE FORM) STREET ADDRESS CITY STATE ZIP CODE
Alfred E. Almeida III 125 Smith Ave, Unit 6D Greenville, RI 02828

CHIEF OPERATING OFFICER OR VICE PRESIDENT (SEE FORM) STREET ADDRESS CITY STATE ZIP CODE

CUSTODIAN OF RECORDS OR SECRETARY (SEE FORM) STREET ADDRESS CITY STATE ZIP CODE

CHIEF FINANCIAL OFFICER OR TREASURER (SEE FORM) STREET ADDRESS CITY STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000000

CLASS —

SERIES —

PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER NONE

CLASS —

SERIES —

PAR VALUE OR WITHOUT PAR

Date 12/15 19 94

By [Signature]

ALFRED E. Almeida, III

President

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

JAN 10 1995

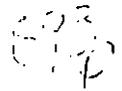
By AMT # 29
6014

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 008088 Annual Report for the year 1992

FIRST: The name of the corporation is ALMEIDA PLUMBING SYSTEMS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is HEATING / PLUMBING CONTRACTOR

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island ONE CONNORS FARM DRIVE,
SMITHFIELD, RI 02817

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
<u>ALFRED E. ALMEIDA III</u>	President	<u>ONE CONNORS FARM DRIVE, SMITHFIELD, RI</u>
<u>" " " "</u>	Vice President	<u>" " " " " "</u>
<u>" " " "</u>	Secretary	<u>" " " " " "</u>
<u>" " " "</u>	Treasurer	<u>" " " " " "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>COMMON</u>		<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>COMMON</u>		<u>NO PAR</u>

PAID
APR 16 1992
SECY OF STATE

Dated 3/31 19 92

ALMEIDA PLUMBING SYSTEMS, INC
(Name of Corporation)

By Alfred E. Almeida
Title PRESIDENT

(Report must be signed by an officer)