

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 _____

2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 92988 **COLA PLUMBING & HEATING, INC.** No. Kingstown State RI 02852 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-294-0029 RHODE ISLAND 7. Biref Description of the Character of Business Conducted in Rhode Island SERVICE OF PLUMBING AND HEATING. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Robert M. Cola Jeanne Cola Street Address Street Address 90 Lafayette Drive 90 Lafayette Drive No. Kingstown RI 02852 02852 Treasurer Name Jeanne Cola Robert M. Cola Street Address Street Address 90 Lafayette Drive 90 Lafayette Drive No. Kingstown RI 02852 No. Kingstown 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Robert M. Cola Street Address Street Address <u>90 Lafayette Drive</u> City RI 02852 Director Name Street Address Street Address City State Zφ City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value **600 NO PAR VALUE** 200 Common 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 aiged herein are true and correct 2/16/05 Daté

Form 630 Rev. 12/03



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

Matthew A. Brown, Secretary of State

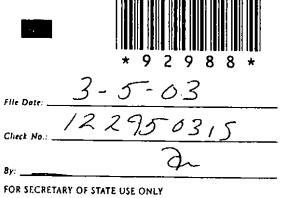
Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2 Name of Corporation 92988 COLA PLUMBING & HEATING, INC. 3. Street Address Principal Business Office State 90 Lafayette Drive No. Kingstown RI 02852 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-294-0029 RHODE ISLAND 232 7. Brief Description of the Character of Business Conducted in Rhode Island SERVICE OF PLUMBING AND HEATING. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Robert M. Cola Jeanne Cola Street Address Street Address 90 Lafayette <u>Drive</u> 90 Lafayette Drive Zip State Zip No.KingstownI No Kingstown 02852 Secretary Name Treasurer Name Jeanne Cola Robert M. Cola Street Address Street Address 90 Lafayette Drive 90 Lafayette Drive State State No.Kingstown RI 02852 No.Kingstown RI 02852 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name <u>Robert M. Cola</u> Street Address Street Address <u>afavette Drive</u> State City State ZIP .No.Kingstawa.. 02852 Director Nume Street Address Street Address State State 7.4р 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 600 NO PAR VALUE 200 .Cammon No Par Value 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 Signature of Officer By: FOR SECRETARY OF STATE USE ONLY Title of Officer

PLEASE INSTRUC	READ
INSTRUC	11072

PROFIT CORPO	RATION - March 1 •	ANNUAL REP	ORT FOR THE	YEAR _ 2003	STOP PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED OR PRINTE. 1. Corporate ID No.	D IN BLACK) 2. Name of Corpor	ation			
92988 3. Street Address Principal Business O	COLA PLUI	MBING & HEATING, INC.	City		
90 Lafayette Drive 4. Business Phone No.		5. State of Incorporation	ouy N. Kingstown	State R I	21p 02852 6. SIC Code
401-294-0029 7. Brief Description of the Character o					232
To engage inm the s 8. NAMES AND ADDRESSI President Name Robert M. Cola	ervicerof per of the off	olumbing & heating TCERS (*X* BOX FOR ATTACH	and any other law MENT) FILLIN SPACES BI Vice President Name Jeanne Cola	ful purposes efore using attaci	HMENTS
Street Address			Street Address		
90 Lafayette Drive	State	Zip	90 Lafayette Dr	Ÿ ∀ e State	Zip
N. Kingstown Secretary Name	RI	02852	N. Kingstown	RI	
Jeanne Cola Street Address			Robert M. Cola Street Address		
90 Lafayette Drive	State	Zip	90 Lafayette Dr	i ve	Zip
N. Kingstown 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIR	02852 ECTORS ("X" BOX FOR ATTAK	N. Kingstown CHMENT) FILL IN SPACES Director Name	RI before using atta	O2852
Robert M. Cola Street Address			Street Address		
90 Lafayette Drive	State	Zip	City	State	Zip
N. Kingstown Director Name	RI -	02852	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATI	TACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200	Common	No Par Value
This report must be signed	linink by eit		resident, Secretary, Assist	ant Secretary, Treasu	rer, Receiver or Truste



Under penalty of perjury, I declare and affirm that I hav this report, including any accompanying schedules and		
that all stotements contained herein are true and correct		ts, and
Signature of Officer DOCK M COLA		
Print of Type Name of Officer T.S. I Cle M. C	_	
Title of Officer	Form 630	12/02

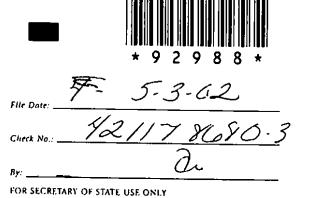
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



· ······ junnur	,				
(FORM MUST BE TYPED IN BL		u .			INSTRUCTION
1. Corporate ID No	2. Name of Corpor	etion			
92988	COLA PLU	MBING & HEATING, INC.			
3. Street Address Principal Busines 90 Lafayette Driv	s Office		сну N. Kingst	State COWN RI	zip 02852
4. Business Phone No. 401-294 - 0029		5. State of Incorporation RHODE ISLANI	-	-	6. SIC Code 232
7. Brief Description of the Characto To engage in the	service of p	olumbing & Heatin	g and any other 1	awful purposes	
B. NAMES AND ADDRES President Name Robert M. Cola	SSES OF THE OFF	FICERS (*X* BOX FOR ATTAC		ES BEFORE USING ATTAC	CHMENTS
ineer Address 90 Lafayette Driv City			Street Address 90 Lafaye	tte Drive	
N. Kingstown	State RI	^{zip} 02852	N. Kingst	State OWN RI	^{zip} 02852
Jeanne Cola			Robert M.	Cola	
90 Lafayette Driv			Street Address 90 Lafaye	tte Drive	
N. Kingstown	State RI	^{zı} p 02852	N. Kingst		zı _p 02852
P. NAMES AND ADDRES Director Name Robert M. Cola	SES OF THE DIR	ECTORS (*X* BOX FOR ATI	ACHMENT) FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
^{reet Address} 90 Lafayette Driv	⁄e		Street Address		
N. Kingstown	State RI	zip 02852	City	State	Zip
irector Name		·	Director Name		
reet Address			Street Address		
lty	State	Z(p	City	State	Zip
D. SHARES AUTHORIZE JTHORIZED SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)
600 NO PAR VALUE	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			200	Common	No Par Value

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, an
that all statements contained herein are true and correct.
Robert m Cola
Semmure of Officer Date
hobert m Colf
Print yr Type Name of Officer
<u>President</u>
Title of Officer

Form 630 12/01



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filling Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 92988 2. Name of Corporation COLA PLUMBING & HEATING, INC. 3. Street Address Principal Business Office 90 Lafayette N. Kingstown RI 02852 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 401-294-0029 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the service of plumbing & heating and any other lawful purposes 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Robert M. Cola Jeanne Cola Street Address Street Address 90 Lafayette Drive 90 Lafayette Drive State N. Kingstown RI 02852 N. Kingstown RI 02852 Secretary Name Treasurer Name Jeanne Cola Robert M. Cola Street Address Street Address 90 Lafayette Drive 90 Lafayette Drive

City Zip N. Kingstown RI 02852 N. Kinstown RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Director Name Robert M. Cola Street Address Street Address 90 Lafayette Drive

7.ip State N. Kingstown RI 02852 Director Name Director Name Street Address Street Address

City Zio State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value 600 NO PAR VALUE

200 Common No Par Value

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.

Signature of Officer

FOR SECRETARY OF STATE USE ONLY

City

Title of Officer

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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST E	E TYPED	IN BLACK)		

(FORM	MUST	ВĘ	TYPED	IN	BL,
1. Corpo	rate ID	No			

2. Name of Corporation

92988

COLA PLUMBING & HEATING, INC.

3. Street Address Principal Business Office

State

Zio

155 OAK DALE DRIVE 4. Business Phone No.

5. State of Incorporation

RI

02852

401-294-0029

RHODE ISLAND

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

State

State

TO ENGAGE IN THE SERVICE OF PLUMBING & HEATING AND ANY OTHER LAWFUL PURPOSES.

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

President Name

Vice President Name

ROBERT M. COLA

Street Address

155 OAK DALE DRIVE

City

JEANNE COLA

Zip

JEANNE COLA Street Address

NORTH KINGSTOWN

155 OAK DALE DRIVE

Secretary Name

NORTH KINGSTOWN RI

02852

City

NORTH KINGSTOWN RI 02852

Treasurer Name

ROBERT M. COLA

Street Address

155 OAK DALE DRIVE

City

Zip

NORTH KINGSTOWN

155 OAK DALE DRIVE

155 OAK DALE DRIVE

RI

02852

NORTH KINGSTOWN

RI

02852

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

Director Name

Street Address

City

ROBERT M. COLA

Street Address

City

City

Street Address

State

NORTH KINGSTOWN

RI

Zip 02852 City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

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

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

State

Par Value

Zip

ISSUED SHARES Number of Shares Class/Series

Par Value

600 NO PAR VALUE

200

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.

NO PAR VALUE

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



File Date:

Check No.:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

ROBERT M. COLA

Print or Type Name of Officer

PRESIDENT Title of Officer

Date



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 BLAC	CK)				INSTRUCTIO
1. Curporate ID No. 92988	2. Name of Corpo	^{ration} J MBING & HEATIN	G, INC.		
3. Street Address Principal Business C			City	State	Zip -
155 OAK DALE DRI	VE		NORTH KINGSTOW	N RI	02852
4. Business Phone No. 401-294-0029		S. State of Incorpor RHODE IS	ation LAND		6: SIC Code 232
7. Brief Description of the Character of		in Rhode Island TO	ENGAGE IN THE SERVIC	F OF PLUMBING AN	ID HEATING AND
ANY OTHER LAWFUL 8. NAMES AND ADDRESS President Name				BEFORE USING ATTA	
ROBERT M. COLA			JEANNE COLA		
155 OAK DALE DRIVE	State	Zip	City 155 OAK DALE	DRIVE State	Zip
NORTH KINGSTOWN Secretary Name	RI	02852	NORTH. KINGST(OWN RI .	02852
JEANNE COLA Street Address			ROBERT M. COL	_A	
155 OAK DALE DRIVE	State	Zip	155 OAK DALE	DRIVE State	Zip
NORTH KINGSTOWN 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIR	02852 ECTORS (*x* BOX FOR	NORTH KINGSTO ATTACHMENT) FILL IN SPAC Director Name	OWN RI ES BEFORE USING ATT	02852
ROBERT M. COLA			Street Address		
155 OAK DALE DRIVE	State	71-	•		
NORTH KINGSTOWN	RI	Zip	City	State	Zip
Director Name	KI	02852	Director Name		· · · · · · · ·
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	71
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200	· COMMON	NO PAR VALUE

Ţ President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer

Under penalty of perjury, I declare and affirm that I have examined

Check No.: _ FOR SECRETARY OF STATE USE ONLY

ROBERT M. COLA

PRESIDENT

Title of Officer



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

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

I. Corporate ID No. 92988	2. Name of Corporation COLA PLUMB	ING & HEATING,	INC.		
3. Street Address Principal Business Of 155 OAK DALE DRIV 5. Business Phone No. 401-294-0029	office E	5. State of Incorporation RHODE ISLA	CHY NORTH KINGSTOWN	State RI	zip 02852 6. sic code 0 みろみ
TO ENGAGE IN THE	SERVICE OF PL	node Island UMBING AND HEA	ATING AND ANY OTHER L	AWFUL PURPOSES.	-
B. NAMES AND ADDRESS: resident Name ROBERT M. COLA	ES OF THE OFFICE	RS ("X" BOX FOR ATT)	ACHMENT) Vice President Name JEANNE COLA		
155 OAK DALE DRIV	E		Street Address 155 OAK DALE DRIN	Æ	
NORTH KINGSTOWN	State RI	^{Zip} 02852	NORTH KINGSTOWN	State RI	^{Zip} 02852
ecretary Name JEANNE COLA treet Address 155 OAK DALE DRIV	E		Theosurer Name ROBERT M. COLA Street Address 155 OAK DALE DRIVE	·	
ity	State	Zip	City CHAN DALLE DRIVE	•	•
NORTH KINGSTOWN	RI	02852	NORTH KINGSTOWN	State RI	<i>Σιρ</i> 02852
. NAMES AND ADDRESSI	ES OF THE DIRECT		TACHMENT) Director Name		02032
ROBERT M. COLA			Street Address		
SAME AS ABOVE	State	Zip	City	State	Zip
trector Name		•• •	Director Name		
reet Address			Street Address		
lty	State	Zip	· City	State	Zip
D. SHARES AUTHORIZED JTHORIZZD SHARES	(*X* BOX FOR ATTACHI	MENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	
uinber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200	COMMON	NO PAR VALUE
			President, Secretary, Assistar	nt Secret ary , Treasure	er, Receiver or Truste
	!! & !!&!&!&!&! @!#! !#!	a :			

	* 9 2 9 8 8 *
File Date:	2/24/98
Check No.:	2555
By:FOR SECRETARY OF S	TATE LISE ONLY
. C. SECRETARI OF 3	IVIE OSE OUFI

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 M. COLA

Print or Type Name of Officer

PRESIDENT

Signature of Officer

Title of Officer