



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. 93689		2. Name of Corporation Carter Bros. Inc.			
3. Street Address Principal Business Office 188 A Main St			City Pascoag	State RI	Zip 02859
4. Business Phone No. 401-568-4376		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE GENERAL HEATING AND PLUMBING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven Carter			Vice President Name Kevin Carter		
Street Address 405 Knibb Rd			Street Address 125 Laurel Hill Ave		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Cara Carter			Treasurer Name Cara Carter		
Street Address 125 Laurel Hill Ave			Street Address 125 Laurel Hill Ave		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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
8,000 NO PAR VALUE			0		0

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



File Date 1-25-05
Check No. 4235
By: ac

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 Cara L Carter Date 1-20-05
Print or Type Name of Officer CARA L. CARTER
Title of Officer Sec / TREASURER



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 93689		2. Name of Corporation Carter Bros. Inc.			
3. Street Address Principal Business Office 188A Main St			City Pascoag	State RI	Zip 02859
4. Business Phone No 401-568-7593		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE GENERAL HEATING AND PLUMBING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven Carter			Vice President Name Kevin Carter		
Street Address 405 Knibb Rd			Street Address 125 Laurel Hill Ave		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name CARA L. CARTER			Treasurer Name CARA L. CARTER		
Street Address 125 LAUREL HILL AVE			Street Address 125 LAUREL HILL AVE		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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
8,000 NO PAR VALUE			none		none

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



* 9 3 6 8 9 *

File Date: _____
Check No.: JN 30200
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.

Cara L Carter 1-14-04
Signature of Officer Date
CARA L. CARTER
Print or Type Name of Officer
Treasurer
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. **93689** 2. Name of Corporation **Carter Bros. Inc.**

3. Street Address Principal Business Office
188 A Main St

City **Pascoag** State **RI** Zip **02859**

4. Business Phone No. **401-568-4376** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
Fuel oil delivery, service and installations

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

President Name **Steven Carter**
Street Address **405 Knibb Rd**
City **Pascoag** State **RI** Zip **02859**

Vice President Name **Kevin Carter**
Street Address **125 Laurel Hill**
City **Pascoag** State **RI** Zip **02859**

Secretary Name **Cara Carter**
Street Address **125 Laurel Hill Ave**
City **Pascoag** State **RI** Zip **02859**

Treasurer Name **Cara Carter**
Street Address **125 Laurel Hill**
City **Pascoag** State **RI** Zip **02859**

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

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES
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



* 9 3 6 8 9 *

File Date: **4.4.03**
Check No.: **2556**
By: **ICP**

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.

Cara L Carter 1-16-03
Signature of Officer Date

Cara L Carter
Print or Type Name of Officer

Treasurer
Title of Officer



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. **93689** 2. Name of Corporation **Carter Bros. Inc.**
3. Street Address Principal Business Office **188 MAIN STREET # A** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. **401-568-4376** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
Fuel Sales & Service

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

President Name STEVEN Carter	Vice President Name Kevin Carter
Street Address 405 Knibb Road	Street Address 125 Laurel Hill Ave
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859
Secretary Name CARA Carter	Treasurer Name CARA Carter
Street Address 125 Laurel Hill AVE	Street Address 125 Laurel Hill Ave
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859

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

Director Name STEVEN Carter	Director Name Kevin Carter
Street Address 405 Knibb Road	Street Address 125 Laurel Hill Ave
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
8000 No Par

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



* 9 3 6 8 9 *

File Date: 2-22-02
Check No.: 1076
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

20. [Signature] CARA Carter 1-15-02
Signature of Officer Date
CARA Carter
Print or Type Name of Officer
Sec. / Treas.
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. **93689** 2. Name of Corporation **Carter Bros. Inc.**

3. Street Address Principal Business Office **188 A MAIN STREET** City **Pascoag** State **RI** Zip **02859**

4. Business Phone No. **568-4376** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
OIL HEAT Sales & Service

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

President Name **Steven Carter**
Street Address **405 Knibbs Road**
City **Pascoag** State **RI** Zip **02859**

Vice President Name **Kevin Carter**
Street Address **125 Laurel Hill Ave**
City **Pascoag** State **RI** Zip **02859**

Secretary Name **William Ellis**
Street Address **PO Box 19234**
City **Johnston** State **RI** Zip **02919**

Treasurer Name **CARA Carter**
Street Address **125 Laurel Hill Ave**
City **Pascoag** State **RI** Zip **02859**

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

Director Name **Steven Carter**
Street Address **405 Knibb Road**
City **Pascoag** State **RI** Zip **02859**

Director Name **Kevin Carter**
Street Address **125 Laurel Hill Ave**
City **Pascoag** State **RI** Zip **02859**

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

AUTHORIZED SHARES
Number of Shares **8,000** Class/Series **NO** Par Value **NO PAR VALUE**

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

ISSUED SHARES
Number of Shares **8000** Class/Series **A** Par Value **No Par**

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



* 9 3 6 8 9 *

File Date: 1/24
Check No. 2213
By: rc

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 Cara L Carter Date 1-23-01
Print or Type Name of Officer Cara L. Carter
Title of Officer Treasurer



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. **93689** 2. Name of Corporation **Carter Bros. Inc.**
3. Street Address Principal Business Office **405 Knibb Rd** City **Pascoag** State **RI** Zip **02859**
4. Business Phone No. **401-568-4376** 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 Service and Installations**

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

President Name Steven J. Carter	Vice President Name Kevin Carter
Street Address 405 Knibb Rd	Street Address 125 Laurel Hill Ave
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859
Secretary Name William Ellis	Treasurer Name Cara L Carter
Street Address PO Box 19234	Street Address 125 Laurel Hill Ave
City Johnston State RI Zip 02919	City Pascoag State RI Zip 02859

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	Class/Series	Par Value
Number of Shares		
8,000 NO PAR VALUE		None

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
8000	A	None

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



* 9 3 6 8 9 *

File Date: 3/2/00
Check No.: 1001
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2-26-00
Signature of Officer Date
Cara L Carter
Print or Type Name of Officer
Treasurer
Title of Officer



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. **93889** 2. Name of Corporation **Carter Bros. Inc.**
3. Street Address Principal Business Office **405 Knibb Rd** City **Paswag** State **RI** Zip **02859**
4. Business Phone No. **401-568-4376** 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

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

President Name Steven J. Carter	Vice President Name Kevin J. Carter
Street Address 405 Knibb Rd	Street Address 125 Laurel Hill ave
City Pascoag State RI Zip 02859	City Pascoag State RI Zip 02859
Secretary Name William Ellis	Treasurer Name Kevin Carter
Street Address PO Box 19234	Street Address 125 Laurel Hill ave
City Johnston State RI Zip 02919	City Pascoag State RI Zip 02859

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

Director Name Steven J Carter	Director Name Kevin J. Carter
Street Address 405 Knibb Rd	Street Address 125 Laurel Hill ave
City Paswag State RI Zip 02859	City Pascoag State RI Zip 02859
Director Name William Ellis	Director Name
Street Address PO Box 19234	Street Address
City Johnston State RI Zip 02919	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 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



* 9 3 6 8 9 *

File Date: Mar 8, 1999
Check No.: 1990
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 3-1-99
Kevin Carter
Print or Type Name of Officer
Vice President / Treasurer
Title of Officer

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. **93689** 2. Name of Corporation **Carter Bros. Inc.**
3. Street Address Principal Business Office **405 Knibb Road** City **PASCOAG** State **RI** Zip **02859**
4. Business Phone No. **401-568-4376** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**

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

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

President Name **STEVEN CARTER**
Street Address **405 KNIBB RD**
City **PASCOAG** State **RI** Zip **02859**

Vice President Name **KEVIN CARTER**
Street Address **125 LAUREL HILL AVE**
City **PASCOAG** State **RI** Zip **02859**

Secretary Name **WILLIAM ELLIS**
Street Address **POB 19234**
City **JOHNSTON** State **RI** Zip **02919**

Treasurer Name **KEVIN CARTER**
Street Address **125 LAUREL HILL AVE**
City **PASCOAG** State **RI** Zip **02859**

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

Director Name **N/A**
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
	8,000	NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	NPV

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



File Date: **1/29/98**
Check No.: **085289**
By: **MD**
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: **STEVEN CARTER** Date: **12-31-97**
Print or Type Name of Officer: **STEVEN CARTER**
Title of Officer: **President**