

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1- March 31, 2004 ~~XXXXXX-XXXXXX~~ AMENDED



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 10992		2. Name of Corporation Albert S. Gizzarelli Plumbing & Heating, Inc.			
3. Street Address (Principal Business Office) 10 Orchard Avenue		City Greenville		State R.I.	Zip 02828
4. Business Phone No. (401) 949-0455		5. State of Incorporation Rhode Island		6. SIC Code 832	
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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert S. Gizzarelli, Sr.			Vice President Name 1st Sharon A. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
Secretary Name Sharon A. Gizzarelli			Treasurer Name Albert S. Gizzarelli, Sr.		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Albert S. Gizzarelli, Sr.			Director Name Sharon A. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
Director Name Albert S. Gizzarelli, Jr.			Director Name Alissa L. Gizzarelli		
Street Address 114 Austin Avenue			Street Address 10 Orchard Avenue		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
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
1,000	common	no par	100	common	no par

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 MAR 18 1 19 PM '03

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

File Date: 3/18/03

Check No.: _____

By: ASG

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: Albert S. Gizzarelli, Sr. Date: 3/14/03

Print or Type Name of Officer: Albert S. Gizzarelli, Sr.

Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing by mail only; no return of original documents (continued)



INCORPORATED IN: Rhode Island
 Corporate ID #: 10092
 Name of Corporation: Albert S. Gizzarelli Plumbing & Heating, Inc.
 Street Address: 10 Orchard View
 City: Greenville State: R.I. Zip: 02828
 Telephone: (401) 949-0553 Rhode Island Zip: 232

plumbing and heating

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

President Name <u>same</u>			Vice President Name <u>2nd Albert S. Gizzarelli, Jr.</u>		
Street Address			Street Address <u>114 Austin Avenue</u>		
City	State	Zip	City	State	Zip
			<u>Greenville</u>	<u>R.I.</u>	<u>02828</u>
Secretary Name <u>same</u>			Treasurer Name <u>same</u>		
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 <u>same</u>			Director Name <u>same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>same</u>			Director Name <u>same</u>		
Street Address			Street Address		
City	State	Zip	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
<u>same</u>	<u>same</u>	<u>same</u>	<u>same</u>	<u>same</u>	<u>same</u>

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.

Albert S. Gizzarelli Sr. 3/14/03
 Signature of Officer Date
Albert S. Gizzarelli, Sr.
 Print or Type Name of Officer
President
 Title of Officer