



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
401.229.3040

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)

1. Corporate ID No. 69194		2. Name of Corporation DIORIO PLUMBING & HEATING, INC.			
3. Street Address Principal Business Office 39 TOWNSEND STREET			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 401-245-2088		5. State of Incorporation RHODE ISLAND		6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION, RENOVATION & REPAIR OF PLUMBING AND HEATING SYSTEMS IN RESIDENTIAL & COMMERCIAL REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DOUGLAS DIORIO			Vice President Name ANTHONY DIORIO		
Street Address 39 TOWNSEND STREET			Street Address 113 MAPLE AVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name DOUGLAS DIORIO			Treasurer Name DOUGLAS DIORIO		
Street Address 39 TOWNSEND STREET			Street Address 39 TOWNSEND STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DOUGLAS DIORIO			Director Name ANTHONY DIORIO		
Street Address 39 TOWNSEND STREET			Street Address 113 MAPLE AVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM	NO PAR VALUE	100	Common	NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	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



File Date 2/1/05
Check No. 5880
By: DA
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.

Douglas Diorio 1-25-05
Signature of Officer Date
DOUGLAS DIORIO
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. 69194		2. Name of Corporation DIORIO PLUMBING & HEATING, INC.			
3. Street Address Principal Business Office 10 VINEYARD LANE			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 401-245-2088		5. State of Incorporation RHODE ISLAND			6. SIC Code 232
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION, RENOVATION & REPAIR OF PLUMBING AND HEATING SYSTEMS IN RESIDENTIAL & COMMERCIAL REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DOUGLAS DIORIO			Vice President Name ANTHONY DIORIO		
Street Address 39 TOWNSEND ST			Street Address 113 MAPLE AVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name DOUGLAS DIORIO			Treasurer Name DOUGLAS DIORIO		
Street Address 39 TOWNSEND ST			Street Address 39 TOWNSEND ST		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DOUGLAS DIORIO			Director Name		
Street Address 39 TOWNSEND ST			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Director Name ANTHONY DIORIO			Director Name		
Street Address 113 MAPLE AVE			Street Address		
City BARRINGTON	State RI	Zip 02806	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
100 COMM NO PAR VALUE			100	COMMON	NO

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



* 6 9 1 9 4 *

File Date 1/13/04
Check No. 5503
By: ONE

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 Douglas J. Diorio Date 1-9-04
Print or Type Name of Officer DOUGLAS DIORIO
Title of Officer PRESIDENT



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. **69194** 2. Name of Corporation **DIORIO PLUMBING & HEATING, INC.**
3. Street Address Principal Business Office **10 VINEYARD LANE** City **BARRINGTON** State **RI** Zip **02806**
4. Business Phone No. **401-245-2088** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING + HEATING CONTRACTOR

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

President Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST City BARRINGTON State RI Zip 02806	Vice President Name ANTHONY DIORIO Street Address 39 TOWNSEND ST City BARRINGTON State RI Zip 02806
Secretary Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST City BARRINGTON State RI Zip 02806	Treasurer Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST City BARRINGTON State RI Zip 02806

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

Director Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST City BARRINGTON State RI Zip 02806	Director Name ANTHONY DIORIO Street Address 39 TOWNSEND ST City BARRINGTON State RI Zip 02806
--	--

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

AUTHORIZED SHARES	Class/Series	Par Value
100 COMM NO PAR VALUE		

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

ISSUED 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 9 1 9 4 *

File Date: 1-24-03
Check No.: 5256
By: IP

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: Douglas J. Diorio Date: 1-24-03
Print or Type Name of Officer: DOUGLAS DIORIO
Title of Officer: PRESIDENT



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 02903-1335
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)

1. Corporate ID No. **69194** 2. Name of Corporation **DIORIO PLUMBING & HEATING, INC.**

3. Street Address Principal Business Office **10 VINEYARD LN.** City **BARRINGTON** State **RI** Zip **02806**
4. Business Phone No. **401-245-2088** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING & HEATING / REPAIRS NEW & RENOVATIONS

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

President Name DOUGLAS DiOrio Street Address 39 TOWNSEND ST. City BARRINGTON State RI Zip 02806 Secretary Name CHRISTINE DiOrio Street Address 39 TOWNSEND ST. City BARRINGTON State RI Zip 02806	Vice President Name DOUGLAS DiOrio Street Address 39 TOWNSEND ST. City BARRINGTON State RI Zip 02806 Treasurer Name DOUGLAS DiOrio Street Address 39 TOWNSEND ST. City BARRINGTON State RI Zip 02806
--	---

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

Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip
Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
100 COMM NO PAR VALUE		

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

ISSUED 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 9 1 9 4 *

File Date: 2-28-02

Check No.: 4983

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.

Christine DiOrio 2-26-02
Signature of Officer Date

CHRISTINE DiOrio
Print or Type Name of Officer

SECRETARY
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. **69194** 2. Name of Corporation **DIORIO PLUMBING & HEATING, INC.**
 3. Street Address Principal Business Office City State Zip
10 VINEYARD LN. **BARRINGTON** **RI** **02806**
 4. Business Phone No. 5. State of Incorporation 6. SIC Code
 RHODE ISLAND **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING & HEATING / REPAIRS - NEW & RENOVATIONS

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

President Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST. City State Zip BARRINGTON RI 02806	Vice President Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST. City State Zip BARRINGTON RI 02806
Secretary Name CHRISTINE DIORIO Street Address 39 TOWNSEND ST. City State Zip BARRINGTON RI 02806	Treasurer Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST. City State Zip BARRINGTON RI 02806

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

Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip
Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip

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

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
100 COMM 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 9 1 9 4 *

File Date 1/31/01
 Check No. 4527
 By ICID

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.

Christine Diorio 1-30-01
 Signature of Officer Date

CHRISTINE DIORIO
 Print or Type Name of Officer

SECRETARY
 Title of Officer



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. **69194** 2. Name of Corporation **DIORIO PLUMBING & HEATING, INC.**
3. Street Address Principal Business Office City State Zip
10 VINEYARD LN. BARRINGTON RI 02806
4. Business Phone No. 401-245-2074 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **232**

7. Brief Description of the Character of Business Conducted in Rhode Island
PLUMBING & HEATING - RESIDENTIAL - REPAIRS - NEW

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

President Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST City State Zip BARRINGTON RI 02806	Vice President Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST City State Zip BARRINGTON RI 02806
Secretary Name CHRISTINE DIORIO Street Address 39 TOWNSEND ST City State Zip BARRINGTON RI 02806	Treasurer Name DOUGLAS DIORIO Street Address 39 TOWNSEND ST City State Zip BARRINGTON RI 02806

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

Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip
Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100 SHS COMMON NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
NONE		

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



* 6 9 1 9 4 *

File Date: PAID 11/23/00

Check No.: DEC 29 1309

By: SECY OF STATE

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.

Christine Diorio 12-27-99
Signature of Officer Date

CHRISTINE DIORIO
Print or Type Name of Officer

SECRETARY
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. 69194		2. Name of Corporation DIORIO PLUMBING & HEATING, INC.	
3. Street Address Principal Business Office 10 VINEYARD LN.		City BARRINGTON	State RI
4. Business Phone No. 401-245-2055		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island PLUMBING & HEATING		6. SIC Code 232	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DOUGLAS DIORIO		Vice President Name DOUGLAS DIORIO	
Street Address 39 TOWNSEND ST.		Street Address 39 TOWNSEND ST.	
City BARRINGTON	State RI	City BARRINGTON	State RI
Zip 02806		Zip 02806	
Secretary Name CHRISTINE DIORIO		Treasurer Name DOUGLAS DIORIO	
Street Address 39 TOWNSEND ST.		Street Address 39 TOWNSEND ST.	
City BARRINGTON	State RI	City BARRINGTON	State RI
Zip 02806		Zip 02806	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares 100 SHS COMMON NO PAR VAL	Class/Series NONE	Number of Shares NONE	Class/Series NONE
Par Value NONE		Par Value NONE	

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



File Date: **10/099**

Check No.: **3256**

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.

Christine Diorio 12-30-98
Signature of Officer Date

CHRISTINE DIORIO
Print or Type Name of Officer

SECRETARY
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. **69194** 2. Name of Corporation **DIORIO PLUMBING & HEATING, INC.**
3. Street Address Principal Business Office **ID VINEYARD LN.** City **BARRINGTON** State **RI** Zip **02806**
4. Business Phone No. **401-245-2088** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**

7. Brief Description of the Character of Business Conducted in Rhode Island
RESIDENTIAL - NEW HOMES - PLUMBING & HEATING

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

President Name DOUGLAS DiORIO	Vice President Name DOUGLAS DiORIO
Street Address 39 TOWNSEND ST.	Street Address 39 TOWNSEND ST.
City BARRINGTON State RI Zip 02806	City BARRINGTON State RI Zip 02806
Secretary Name CHRISTINE DiORIO	Treasurer Name DOUGLAS DiORIO
Street Address 39 TOWNSEND ST.	Street Address 39 TOWNSEND ST.
City BARRINGTON State RI Zip 02806	City BARRINGTON State RI Zip 02806

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

Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHS COMMON NO PAR VAL

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



File Date: 2-19-98
Check No.: 2734
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: Christine DiOrio Date: 2-17-98
Print or Type Name of Officer: CHRISTINE DiORIO
Title of Officer: SECRETARY



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **69194** 2. Name of Corporation **DIORIO PLUMBING & HEATING, INC.**
3. Street Address Principal Business Office **10 VINEYARD LN.** City **BARRINGTON** State **RI** Zip **02806**
4. Business Phone No. **401-245-2088** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0232**

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)

President Name DOUGLAS DiDEIO Street Address 39 TOWNSEND ST. City BARR. State RI Zip 02806	Vice President Name DOUGLAS DiDEIO Street Address 39 TOWNSEND ST. City BARR. State RI Zip 02806
Secretary Name CHRISTINE DiDEIO Street Address 39 TOWNSEND ST. City BARR. State RI Zip 02806	Treasurer Name DOUGLAS DiDEIO Street Address 39 TOWNSEND ST. City BARR. State RI Zip 02806

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

Director Name NONE Street Address NONE City _____ State _____ Zip _____	Director Name NONE Street Address NONE City _____ State _____ Zip _____
Director Name NONE Street Address NONE City _____ State _____ Zip _____	Director Name NONE Street Address NONE City _____ State _____ Zip _____

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
100 SHS COMMON NO PAR VAL	NONE

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



File Date: 2.26.97

Check No.: 2135

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.

Christine DiDorio 2.24.97
Signature of Officer Date

CHRISTINE DiDORIO
Print or Type Name of Officer

SECRETARY
Title of Officer

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) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 69194 2. NAME OF CORPORATION DIORIO PLUMBING & HEATING, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 10 VINEYARD LN. CITY BARRINGTON STATE RI ZIP CODE 02806

4. BUSINESS PHONE NO. 401-245-2088 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 0232

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND PLUMBING & HEATING - INSTALLATION, RENOVATION & REPAIR - RESIDENTIAL & COMMERCIAL

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME <u>DOUGLAS D. DIORIO</u>			VICE PRESIDENT NAME <u>NONE</u>		
STREET ADDRESS <u>39 TOWNSEND ST.</u>			STREET ADDRESS <u>NONE</u>		
CITY <u>BARRINGTON</u>	STATE <u>RI</u>	ZIP CODE <u>02806</u>	CITY	STATE	ZIP CODE
SECRETARY NAME <u>CHRISTINE DIORIO</u>			TREASURER NAME <u>DOUGLAS D. DIORIO</u>		
STREET ADDRESS <u>39 TOWNSEND ST.</u>			STREET ADDRESS <u>39 TOWNSEND ST.</u>		
CITY <u>BARRINGTON</u>	STATE <u>RI</u>	ZIP CODE <u>02806</u>	CITY <u>BARRINGTON</u>	STATE <u>RI</u>	ZIP CODE <u>02806</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <u>NONE</u>			DIRECTOR NAME <u>NONE</u>		
STREET ADDRESS <u>NONE</u>			STREET ADDRESS <u>NONE</u>		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME <u>NONE</u>			DIRECTOR NAME <u>NONE</u>		
STREET ADDRESS <u>NONE</u>			STREET ADDRESS <u>NONE</u>		
CITY	STATE	ZIP CODE	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
100 SHS	COMMON NO PAR VAL		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: 2/2/96
Check No: 1544
By: KID/UP

Christine Diorio
Signature of Officer
CHRISTINE DIORIO
Print or Type Name of Officer
Secretary
Title of Officer



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 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: 0059194 Annual Report for the year: 1995

Name of Corporation: DIORIO PLUMBING & HEATING, INC.

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Brief statement of the character of business conducted in Rhode Island:
PLUMBING & HEATING

10 VINEYARD LN.
BARR RI 02806
 Phone: (401) 245-2088

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>DOUGLAS DiOrio</u>	<u>10 VINEYARD LN.</u>	<u>BARR. RI</u>	<u>02806</u>
VICE PRESIDENT			

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY <u>CHRISTINE DiOrio</u>	<u>10 VINEYARD LN.</u>	<u>BARR. RI</u>	<u>02806</u>
TREASURER <u>DOUGLAS DiOrio</u>	<u>10 VINEYARD LN.</u>	<u>BARR. RI</u>	<u>02806</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

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

Number of Shares	Class / Series
<u>ONE HUNDRED (100)</u>	<u>NO PAR COMMON</u>

Number of Shares	Class / Series
<u>100</u>	<u>—</u>

Date JAN. 10, 19 95

By: Christine DiOrio
CHRISTINE DIORIO
PRINT OR TYPE NAME OF OFFICER SIGNING
SECRETARY
TITLE OF OFFICER SIGNING

Form 31 1/95

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.

DOUGLAS DIORIO
 10 VINEYARD LANE
 BARRINGTON RI 02806

FILED

FEB 01 1995

By: [Signature]
1/17/95

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: 0069194 Annual Report for the year: 1994

Name of Business Entity DIORIO PLUMBING & HEATING, INC.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone [REDACTED]

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

10 VINEYARD LN.
BARRINGTON RI 02806

Phone (401) 245-2085

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

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

CHRISTINE DIORIO - SECRETARY
39 TOWNSEND ST.
BARRINGTON, RI 02806

Brief statement of the character of business conducted in Rhode Island

RESIDENTIAL PLUMBING & HEATING
NEW CONSTRUCTION & RENOVATIONS

Date of Organization: 8-3-92 (initials)

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

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY STATE ZIP CODE

DOUGLAS DIORIO 10 VINEYARD LN. BARRINGTON, RI 02806

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY STATE ZIP CODE

CUSTOMER OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY STATE ZIP CODE

CHRISTINE DIORIO 10 VINEYARD LN. BARRINGTON, RI 02806

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY STATE ZIP CODE

DOUGLAS DIORIO 10 VINEYARD LN. BARRINGTON, RI 02806

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 OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100 NUMBER

CLASS 100 NO PAR COMMON CLASS

SERIES SERIES

PAR VALUE OR WITHOUT PAR WITHOUT PAR PAR VALUE OR WITHOUT PAR

Date FEB 14 19 94

By Christine Diorio

FILED

CHRISTINE DIORIO
PRINT OR TYPE NAME OF OFFICER SIGNING

FEB 16 1994

SECRETARY
TITLE OF OFFICER SIGNING

By MC 7094

Form 31 1994

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

DOUGLAS DIORIO
10 VINEYARD LANE
BARRINGTON RI 02806

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

6560 MNC

Corporate ID 0058194 Annual Report for the year 1993

FIRST: The name of the corporation is DIORIO PLUMBING & HEATING, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Installation, renovation and repair of plumbing and heating systems in residential and commercial real estate; the sale and marketing both wholesale and retail of plumbing and heating systems and supplies and all incidental thereto

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 10 Vineyard Lane, Barrington, RI 02806

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Douglas DiOrio

President

10 Vineyard Lane, Barrington, RI 02806

Vice President

Christine DiOrio

Secretary

same as above

Douglas DiOrio

Treasurer

same as above

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

PAID

MAR 02 1993

no par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

SECY OF STATE

no par

Dated February 1, 1993

DI ORIO PLUMBING & HEATING, INC.

(Name of Corporation)

By Christine DiOrio

Title Secretary

(Report must be signed by an officer)