



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed
Effective Date: 01/07/2004
Business ID: 209270
William M. Gardner
Secretary of State
200400790138

HIGGINS, J.C., CORP.
70 HAWES WAY 2ND FL
STOUGHTON, MA 02072

ADDRESS OF PRINCIPAL OFFICE:

70 HAWES WAY 2ND FL
STOUGHTON, MA 02072

REGISTERED AGENT AND OFFICE:

PRENTICE-HALL CORP SYSTEM
14 CENTRE ST
CONCORD, NH 03301

ENTITY TYPE:	CORPORATION
BUSINESS ID:	209270
STATE OF DOMICILE:	DELAWARE
FEDERAL ID:	133571014
COMMERCIAL HVAC & PLUMBING CONSTRUCTION ACTIVITIES.	

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address _____
- The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES RONALD LEDOUX
STREET 70 HAWES WAY
CITY/STATE/ZIP STOUGHTON, MA 02072

SEC'Y RONALD CHERKASLY
STREET 70 HAWES WAY
CITY/STATE/ZIP STOUGHTON, MA 02072

V-PRES JOHN O'LEARY
STREET 70 HAWES WAY
CITY/STATE/ZIP STOUGHTON, MA 02072

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME JEFFREY M LEVY
STREET 301 MERRITT SEVEN, 6TH FLOOR
CITY/STATE/ZIP NORWALK, CT 06851

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, Director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: RONALD CHERKASLY

Please print name and title of signer: RONALD CHERKASLY / SECRETARY
NAME TITLE

REPORT FEE IS: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529