



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 19333		2. Exact name of the Corporation ZANELLA PLUMBING & HEATING, INC.			
3. Principal office address 34 Oak Street		City Westerly	State RI	Zip 02891	
4. Business Phone No. 401-596-4273		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Plumbing and heating contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald Zanella			Vice-President Name Elisa J. Zanella		
Street Address 52 Riidam Way			Street Address 7 Elisa Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Denise Heltmann			Treasurer Name Elisa J. Zanella		
Street Address 52 Riidam Way			Street Address 7 Elisa Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald Zanella			Director Name Elisa J. Zanella		
Street Address 52 Riidam Way			Street Address 7 Elisa Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	common	no par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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 Authorized Representative

Date

Ronald Zanella

Print or Type Name of Authorized Representative

3/12/12