



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 **2013**

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. 700389		2. Exact name of the Corporation ANTHONY JANUARIO HEATING COMPANY			
3. Principal office address 9 CHESTER AVENUE			City BRISTOL	State RI	Zip 02809
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island HEATING INSTALLATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name ANTHONY JANUARIO, JR.			Vice-President Name NONE		
Street Address 9 CHESTER AVENUE			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name SANDRA MATRONE MACK			Treasurer Name ANTHONY JANUARIO, JR.		
Street Address 301 PROMENADE STREET			Street Address 9 CHESTER AVENUE		
City PROVIDENCE	State RI	Zip 02908	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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
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
			100	COMMON	\$.01

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.

FILED

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 _____

Check No _____

By: _____

BY

FOR SECRETARY OF STATE USE ONLY

JAN 25 2013

188465

DS

Sandra Matrone Mack 1/24/2013
 Signature of Authorized Representative Date

SANDRA MATRONE MACK, SECRETARY

Print or Type Name of Authorized Representative