



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 2014

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. 000153764		2. Exact name of the Corporation Vivona Plumbing and Heating Incorporated					
3. Principal office address 320 Old Mill Lane				City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 401-846-7499				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Plumbing and heating for residences/businesses							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Vincent Vivona				Vice-President Name None			
Street Address 320 Old Mill Lane				Street Address			
City Portsmouth	State RI	Zip 02871		City	State	Zip	
Secretary Name None				Treasurer Name None			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name None				Director Name None			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name None				Director Name None			
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	STK	0.01	

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

FEB 11 2014

File Date _____

Check No _____

By: _____

BY 5061

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

2/8/14
Date

Vincent Vivona

Print or Type Name of Authorized Representative

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