



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 2015

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. 80249		2. Exact name of the Corporation A. GIORGI PLUMBING & HEATING, INC.			
3. Principal office address 27 Hunters Run		City North Providence		State RI	Zip 02904
4. Business Phone No. 401-353-3503		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To do plumbing, water, gas and steam fitting of all kinds.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony J. Giorgi			Vice-President Name Anthony J. Giorgi		
Street Address 27 Hunters Run			Street Address 27 Hunters Run		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Anthony J. Giorgi			Treasurer Name Anthony J. Giorgi		
Street Address 27 Hunters Run			Street Address 27 Hunters Run		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Anthony J. Giorgi			Director Name None		
Street Address 27 Hunters Run			Street Address		
City North Providence	State RI	Zip 02904	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	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
 BY: 4618

FEB 17 2015

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] _____ **2-21-15**
 Signature of Authorized Representative Date

Anthony J. Giorgi
 Print or Type Name of Authorized Representative