



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. 003814		2. Exact name of the Corporation STATEWIDE PLUMBING & HEATING CO., INC.			
3. Principal office address 160 North View Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 944-5752			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Plumbing and heating service and repair and drain cleaning					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Philip J. Mangione			Vice-President Name Carlos Cardeal		
Street Address 55 Cricket Circle			Street Address 16 Douglas Drive		
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864
Secretary Name Donna M. Magione			Treasurer Name Michael Moreira		
Street Address 55 Cricket Circle			Street Address 126 Dexter Street		
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Philip J. Mangione			Director Name Donna M. Mangione		
Street Address 55 Cricket Circle			Street Address 55 Cricket Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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
			1000	Common	No Par

SECRETARY OF STATE
 CORPORATIONS DIV
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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.

FEB 19 2015

Philip J. Mangione
 Signature of Authorized Representative

2/18/15
 Date

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

BY *01242573*

Philip J. Mangione

Print or Type Name of Authorized Representative