



**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. <b>000153764</b>		2. Exact name of the Corporation <b>Vivona Plumbing and Heating Incorporated</b>					
3. Principal office address <b>320 Old Mill Lane</b>				City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	
4. Business Phone No. <b>401-846-7499</b>				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Plumbing and heating for residences/businesses</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <b>Vincent Vivona</b>				Vice-President Name <b>None</b>			
Street Address <b>320 Old Mill Lane</b>				Street Address			
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>		City	State	Zip	
Secretary Name <b>None</b>				Treasurer Name <b>None</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Director Name <b>None</b>				Director Name <b>None</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name <b>None</b>				Director Name <b>None</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
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.*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**BY**

**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

**Vincent Vivona**

Print or Type Name of Authorized Representative

**FOR SECRETARY OF STATE USE ONLY**