



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 109541		2. Name of Corporation S.B. Carbone Plumbing & Heating Co., Inc.			
3. Street Address Principal Business Office 101 Comstock Parkway, Suite 26			City Cranston	State RI	Zip 02921
4. Business Phone No. 401-785-9610		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide plumbing and heating services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven B. Carbone			Vice President Name Benjamin S. Carbone		
Street Address 18 Hi-View Drive			Street Address 141 Lakeview Drive		
City Scituate	State RI	Zip 02831	City Providence	State RI	Zip 02910
Secretary Name Steven B. Carbone			Treasurer Name Steven B. Carbone		
Street Address 18 Hi-View Drive			Street Address 18 Hi-View Drive		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
			Number of Shares 2,000 No par value	Class/Series common	Par Value without 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: _____ **BY** _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 07 2015

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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: Steven B. Carbone Date: 1-18/15

Print or Type Name: Steven B. Carbone, President
Title: _____