



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 2016

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. 12315		2. Exact name of the Corporation SMITHFIELD PLUMBING & HEATING SUPPLY CO., INC.			
3. Principal office address One Austin Place		City Greenville	State RI	Zip 02828	
4. Business Phone No. 401-949-0110		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Plumbing and heating					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Aaron E. Colaluca			Vice-President Name Aaron W. Colaluca		
Street Address One Austin Place			Street Address One Austin Place		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name R. Brenda O'Brien			Treasurer Name Americo Colaluca		
Street Address One Austin Place			Street Address One Austin Place		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Americo Colaluca			Director Name		
Street Address One Austin Place			Street Address		
City Greenville	State RI	Zip 02828	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par

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. 074578

By: _____

FOR SECRETARY OF STATE USE ONLY

BY M265321

FILED

JAN 14 2016

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.

Aaron W. Colaluca
Signature of Authorized Representative

1/11/16
Date

Aaron W. Colaluca

Print or Type Name of Authorized Representative