



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. 100377		2. Exact name of the Corporation CIANCIO PLUMBING & HEATING CO., INC.			
3. Principal office address 347 JASTRAM STREET		City PROVIDENCE		State RI	Zip 02908
4. Business Phone No. 401-861-7254		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island PLUMBING & HEATING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID A. CIANCIO SR.			Vice-President Name DAVID A. CIANCIO JR		
Street Address 347 JASTRAM STREET			Street Address 347 JASTRAM STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name EMILY L. CIANCIO			Treasurer Name		
Street Address 347 JASTRAM STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVID A CIANCIO SR			Director Name DAVID A CIANCIO JR		
Street Address 347 JASTRAM STREET			Street Address 347 JASTRAM STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name EMILY L CIANCIO			Director Name		
Street Address 347 JASTRAM STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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
			NONE		

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

Form No. 630
Revised: 01/2012

FILED

JAN 29 2016

KL 35951

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.

David A. Ciano SR Jan. 26 2016
Signature of Authorized Representative Date

DAVID A. CIANCIO SR.

Print or Type Name of Authorized Representative