



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. <b>128567</b>		2. Exact name of the Corporation <b>Emergency Response Plumbing, Heating &amp; Air Conditioning, Inc.</b>		
3. Principal office address <b>1083 Main Avenue</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>737-3511</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE ACQUISITION, SALE, REPAIR &amp; SERVICING OF PLUMBING, HEATING, AIR CONDITIONING, SEWER AND DISPOSAL EQUIPMENT</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Raymond Christiansen</b>		Vice-President Name <b>Vacant</b>		
Street Address <b>1083 Main Avenue</b>		Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State
Secretary Name <b>Raymond Christiansen</b>		Treasurer Name <b>Raymond Christiansen</b>		
Street Address <b>Same as above</b>		Street Address <b>Same as above</b>		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Raymond Christiansen</b>		Director Name		
Street Address <b>Same as above</b>		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		10	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 \_\_\_\_\_

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

FOR SECRETARY OF STATE USE ONLY

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.

**FILED**

FEB 01 2016

1463643

Signature of Authorized Representative

01/25/2016

Date

**RAYMOND CHRISTIANSEN**

Print or Type Name of Authorized Representative