



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