



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. 328401		2. Exact name of the Corporation Tom Peters Plumbing & Heating, Inc.			
3. Principal office address 68 Soares Dr.		City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 401-559-6470		5. State of Incorporation RI			
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 Kenneth T. Peters			Vice-President Name Bruce Buchanan		
Street Address 68 Soares Dr.			Street Address 245 Canonicus St.		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Secretary Name Laura Peters			Treasurer Name Laura Peters		
Street Address 68 Soares Dr.			Street Address 68 Soares Dr.		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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

Form No. 630
Revised: 01/2012

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.

Laura Peters 2-12-16
Signature of Authorized Representative Date

Laura Peters
Print or Type Name of Authorized Representative

FILED

FEB 16 2016

BY

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