



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 56221		2. Exact name of the Corporation Cinco Plumbing & Heating, Inc.			
3. Principal Office Address 91 Old Flat River road			City Coventry	State RI	Zip 02816
4. Business Phone Number 401-392-0140			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Installing of Plumbing and Heating					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph R. Cinco			Vice-President Name Donna F. Cinco		
Street Address 404 Franklin Rd			Street Address 404 Franklin Rd		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Joseph R. Cinco			Treasurer Name Donna F. Cinco		
Street Address same as above			Street Address same as above		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	none	0 non par value
11. 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. <i>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.</i>					
Name of Authorized Representative Donna F. Cinco				Date 7/18/16	
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 21 2016
 BY 15806
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FORM 630 - Revised: 05/2016