



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

Annual Report for the year: 2016
Corporation

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

1. Entity ID Number 18923		2. Exact name of the Corporation REMY PLUMBING & HEATING, INC.			
3. Principal Office Address 133 OLD TOWER HILL ROAD, STE. 1			City WAKEFIELD	State RI	Zip 02879
4. Business Phone Number 789-0217			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO CARRY ON A GENERAL PLUMBING, HEATING AND CONTRACTING BUSINESS <input checked="" type="checkbox"/>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRIAN REMY			Vice-President Name JANINE REMY		
Street Address 8 LAUREL LANE			Street Address 8 LAUREL LANE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name JANINE REMY			Treasurer Name BRIAN REMY		
Street Address 8 LAUREL LANE			Street Address 8 LAUREL LANE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRIAN REMY			Director Name JANINE REMY		
Street Address 8 LAUREL LANE			Street Address 8 LAUREL LANE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		COMMON	NO Pe
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. 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.					
Name of Authorized Representative BRIAN REMY					Date 7/23/16
Signature of Authorized Representative <i>Brian Remy</i>					

FILED

AUG 01 2016

By **HL 17873**

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