



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

Annual Report for the year: 2017
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 45096		2. Exact name of the Corporation Cavaco Brothers Plumbing & Heating, Inc.			
3. Principal Office Address 93 Bentley Street		City East Providence		State RI	Zip 02914
4. NAICS Code 22 - Utilities		6. Brief description of the character of business conducted in Rhode Island Install plumbing and heating, new construction and repair, buy and sell all materials			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph M. Cavaco			Vice-President Name James W. Cavaco		
Street Address 5 Third Street			Street Address 93 Bentley Street		
City Barrington		State RI	Zip 02806	City East Providence	
		State RI	Zip 02914		
Secretary Name James M. Cavaco			Treasurer Name Joseph M. Cavaco		
Street Address 93 Bentley Street			Street Address 5 Third Street		
City East Providence		State RI	Zip 02914	City Barrington	
		State RI	Zip 02806		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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
			150	Common	No Par
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 Joseph M. Cavaco				Date Jan 13, 2017	
Signature of Authorized Representative <i>Joseph M. Cavaco</i>					

FILED
 SIGN DOCUMENT HERE
JAN 17 2017

7844 DS

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