



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.

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1. Entity ID Number <b>312317</b>		2. Exact name of the Corporation <b>IASIMONE PLUMBING - HEATING &amp; DRAIN CLEANING, INC.</b>			
3. Principal Office Address <b>27 Allen Avenue</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>Conduct the business of plumbing, heating and drain cleaning.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Louis G. Iasimone</b>			Vice-President Name <b>Deborah A. Iasimone</b>		
Street Address <b>27 Allen Avenue</b>			Street Address <b>27 Allen Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Louis G. Iasimone</b>			Treasurer Name <b>Louis G. Iasimone</b>		
Street Address <b>27 Allen Avenue</b>			Street Address <b>27 Allen Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Louis G. Iasimone</b>			Director Name		
Street Address <b>27 Allen Avenue</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 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 <b>Louis G. Iasimone</b>					Date <b>1/6/17</b>
Signature of Authorized Representative <i>Louis G. Iasimone</i>					

FILED

JAN 19 2017

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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