



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.

**FILED**

JAN 20 2017

BY

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|  |   |   |                                    |                          |                     |
|--|---|---|------------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>55672</b>  |   | 2. Exact name of the Corporation<br><b>Ostrander Plumbing &amp; Heating, Inc.</b>                                     |                                    |                          |                     |
| 3. Principal Office Address<br><b>1001 Maple Valley Rd</b>   |   | City<br><b>Greene</b>   |                                    | State<br><b>RI</b>       | Zip<br><b>02827</b> |
| 4. NAICS Code<br><b>81 - Other Services (except Pul</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>Plumbing and heating contractor</b> |   |                                    |                          |                     |
| 5. State of Incorporation<br><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<br><b>Michael Ostrander</b>   |   |   | Vice-President Name<br><b>None</b> |                          |                     |
| Street Address<br><b>1001 Maple Valley Rd</b>  |   |   | Street Address                     |                          |                     |
| City<br><b>Greene</b>  | State<br><b>RI</b>  | Zip<br><b>028207</b>  | City                               | State                    | Zip                 |
| Secretary Name<br><b>None</b>  |   |   | Treasurer Name<br><b>None</b>      |                          |                     |
| Street Address   |   |   | Street Address                     |                          |                     |
| City   | State   | Zip   | City                               | State                    | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                                    |                          |                     |
| Director Name<br><b>None</b>   |   |   | Director Name<br><b>None</b>       |                          |                     |
| Street Address   |   |   | Street Address                     |                          |                     |
| City   | State   | Zip   | City                               | State                    | Zip                 |
| Director Name<br><b>None</b>   |   |   | Director Name<br><b>None</b>       |                          |                     |
| Street Address   |   |   | Street Address                     |                          |                     |
| City   | State   | Zip   | City                               | State                    | Zip                 |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>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   |                                    |                          |                     |
|  |   | None  |                                    | None                     | None                |
|  |   | None  |                                    | None                     | None                |
| 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.<br><b>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.</b> |   |   |                                    |                          |                     |
| Name of Authorized Representative<br><b>Michael Ostrander</b>  |   |   |                                    | Date<br><b>17/JAN/17</b> |                     |
| Signature of Authorized Representative<br>   |   |   |                                    |                          |                     |

## MAIL TO:

Division of Business Services

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FORM 630 - Revised: 10/2016