



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 941755		2. Exact name of the Corporation Bill's Heating Service, Inc.			
3. Principal Office Address 14 Bluff Avenue			City Warwick	State RI	Zip 02889-2106
4. NAICS Code 81 - Other Services (except f		6. Brief description of the character of business conducted in Rhode Island Heating service			
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 William K. Parrillo, Jr.			Vice-President Name		
Street Address 14 Bluff Avenue			Street Address		
City Warwick	State RI	Zip 02889-2106	City	State	Zip
Secretary Name Kevin P. Westgate			Treasurer Name William K. Parrillo, Jr.		
Street Address 15A Sydney Winsor Rd.			Street Address 14 Bluff Avenue		
City Chepachet	State RI	Zip 02814	City Warwick	State RI	Zip 02889-2106
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William K. Parrillo, Jr.			Director Name		
Street Address 14 Bluff Avenue			Street Address		
City Warwick	State RI	Zip 02889-2106	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		
			100	Common	No 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. 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 <i>William K. Parrillo Jr.</i>					Date <i>1/19/17</i>
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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

FILED
 JAN 23 2017
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