RI SOS Filing Number: 201731159810 Date: 01/30/2017 4:00 PM

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	2. Exact name of the Corporation			
128567	Emergency Response Plumbing, Heating & Air Conditioning, Inc.			
3. Principal Office Address		City	State	Zip
1083 Main Avenue		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	TO ENGAGE IN THE ACQUISITION, SALE, REPAIR & SERVICING OF PLUMBING, HEATING, AIR CONDITIONING, SEWER AND DISPOSAL EQUIPMENT			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Raymond Christiansen			Vice-President Name: Vacant		
Street Address: 1083 Main Avenue			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:
Secretary Name: Raymond Christiansen			Treasurer Name: Raymond Christiansen		
Street Address: 1083 Main Avenue			Street Address: 1083 Main Avenue		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Raymond Christiansen			Director Name:		
Street Address: 1083 Main Avenue			Street Address:		
City: Warwick	State: RI	Zip: 02886	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	10	COMMON	NO PAR
Changes require an additional filing.			

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	Date
RAYMOND CHRISTIANSEN	1/24/2017

Signature of Authorized Representative

FILED
JAN 30 2017
BY 3814 DS

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

148639-18-1186317

FORM 630 - Revised: 10/2016