



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

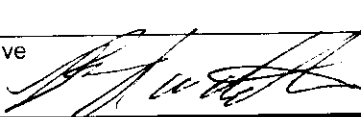
Annual Report for the year: **2017**

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 128567		2. Exact name of the Corporation Emergency Response Plumbing, Heating & Air Conditioning, Inc.			
3. Principal Office Address 1083 Main Avenue		City Warwick		State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Put	6. Brief description of the character of business conducted in Rhode Island 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					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 10	CLASS/SERIES COMMON	PAR VALUE 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 RAYMOND CHRISTIANSEN					Date 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

FORM 630 - Revised: 10/2016