



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 <b>759117</b>		2. Exact name of the Corporation <b>KWIK PLUMBING &amp; HEATING, INC.</b>		
3. Principal Office Address <b>1149 Hartford Avenue</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>	6. Brief description of the character of business conducted in Rhode Island <b>Plumbing and Heating</b>			
5. State of Incorporation <b>RI</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>James A. Fusco</b>		Vice-President Name <b>James A. Fusco</b>		
Street Address <b>1149 Hartford Avenue</b>		Street Address <b>1149 Hartford Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>
Secretary Name <b>James A. Fusco</b>		Treasurer Name <b>James A. Fusco</b>		
Street Address <b>1149 Hartford Avenue</b>		Street Address <b>1149 Hartford Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</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>None</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		
		CLASS/SERIES		
		PAR VALUE		
		<b>100 Shares</b>	<b>Common</b>	<b>No Par Value</b>
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. <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 <b>James A. Fusco</b>			Date <b>2/6/17</b>	
Signature of Authorized Representative <i>James A. Fusco</i> <span style="float:right;">SIGN DOCUMENT HERE</span>				

**FILED**

**FEB 10 2017**

**1304**