

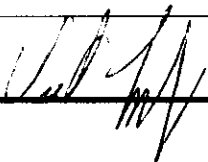


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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>534042</b>		2. Exact name of the Corporation <b>V. Letizia Plumbing &amp; Heating, Inc.</b>			
3. Principal Office Address <b>2 Western Hills Lane</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>81 - Other Services (except Put</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE PLUMBING AND HEATING SUPPLIES AND SERVICES TO THE GENERAL PUBLIC</b>			
5. State of Incorporation <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 <b>Vincent Letizia</b>			Vice-President Name <b>Vacant</b>		
Street Address <b>P.O. Box 6346</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	City	State	Zip
Secretary Name <b>Vincent Letizia</b>			Treasurer Name <b>Vincent Letizia</b>		
Street Address <b>P.O. Box 6346</b>			Street Address <b>P.O. Box 6346</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</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>Vincent Letizia</b>			Director Name		
Street Address <b>P.O. Box 6346</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 COMMON 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. <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>VINCENT LETIZIA</b>				Date <b>2/3/2017</b>	
Signature of Authorized Representative 					

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

**FILED**  
**FEB 15 2017**

BY 2011

FORM 630 - Revised: 02/2017