



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 534042		2. Exact name of the Corporation V. Letizia Plumbing & Heating, Inc.			
3. Principal Office Address 2 Western Hills Lane			City Cranston	State RI	Zip 02921
4. NAICS Code 81 - Other Services (except Put		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PLUMBING AND HEATING SUPPLIES AND SERVICES TO THE GENERAL PUBLIC			
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 Vincent Letizia			Vice-President Name Vacant		
Street Address P.O. Box 6346			Street Address		
City Providence	State RI	Zip 02940	City	State	Zip
Secretary Name Vincent Letizia			Treasurer Name Vincent Letizia		
Street Address P.O. Box 6346			Street Address P.O. Box 6346		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vincent Letizia			Director Name		
Street Address P.O. Box 6346			Street Address		
City Providence	State RI	Zip 02940	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
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 VINCENT LETIZIA				Date 2/3/2017	
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

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