



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.

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2017 FEB 27 PM 12:59

1. Entity ID Number <u>709.73</u>		2. Exact name of the Corporation <u>PELLETIER & SON PLUMBING & HEATING INC.</u>	
3. Principal Office Address <u>135 HATCHERY ROAD</u>		City <u>N. KINGSTOWN</u>	State <u>RI</u>
		Zip <u>02852</u>	
4. NAICS Code <u>81</u>	6. Brief description of the character of business conducted in Rhode Island <u>PLUMBING, HEATING, FIRE PROTECTION, HVAC & WATER SUPPLY</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>NORMAN L PELLETIER JR</u>		Vice-President Name <u>NORMAN L PELLETIER JR</u>	
Street Address <u>135 HATCHERY ROAD</u>		Street Address <u>135 HATCHERY ROAD</u>	
City <u>N KINGSTOWN</u>	State <u>RI</u>	City <u>N KINGSTOWN</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
Secretary Name <u>NORMAN L PELLETIER JR</u>		Treasurer Name <u>NORMAN L PELLETIER</u>	
Street Address <u>135 HATCHERY ROAD</u>		Street Address <u>135 HATCHERY ROAD</u>	
City <u>N. KINGSTOWN</u>	State <u>RI</u>	City <u>N KINGSTOWN</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		<u>100</u>	<u>Common</u>
			<u>NO PAR</u>
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. <u>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.</u>			
Name of Authorized Representative <u>NORMAN L PELLETIER JR</u>		Date <u>2 27 2017</u>	
Signature of Authorized Representative <u>Norm Pelletier</u>		<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="margin: 5px 0;">SIGN DOCUMENT HERE</div> <div style="font-weight: bold; margin: 0;">FEB 27 2017</div>	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 66663 A.F.

FORM 630 - Revised: 02/2017