



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR -2 AM 8: 50

1. Entity ID Number 110058		2. Exact name of the Corporation K & T PLUMBING & HEATING, INC.			
3. Principal Office Address 7 Harris Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 22 - Utilities		6. Brief description of the character of business conducted in Rhode Island Plumbing and heating services and any other lawful business			
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 Kevin Omar			Vice-President Name Kevin Omar		
Street Address 7 Harris Avenue			Street Address 7 Harris Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Kevin Omar			Treasurer Name Kevin Omar		
Street Address 7 Harris Avenue			Street Address 7 Harris Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin Omar			Director Name		
Street Address 7 Harris Avenue			Street Address		
City Johnston	State RI	Zip 02919	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		
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 Kevin Omar, President					Date 1/25/17
Signature of Authorized Representative <i>Kevin Omar</i>					

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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KM

FORM 630 - Revised: 10/2016