



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 <b>110058</b>		2. Exact name of the Corporation <b>K &amp; T PLUMBING &amp; HEATING, INC.</b>			
3. Principal Office Address <b>7 Harris Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>22 - Utilities</b>		6. Brief description of the character of business conducted in Rhode Island <b>Plumbing and heating services and any other lawful business</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>Kevin Omar</b>			Vice-President Name <b>Kevin Omar</b>		
Street Address <b>7 Harris Avenue</b>			Street Address <b>7 Harris Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Kevin Omar</b>			Treasurer Name <b>Kevin Omar</b>		
Street Address <b>7 Harris Avenue</b>			Street Address <b>7 Harris Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</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>Kevin Omar</b>			Director Name		
Street Address <b>7 Harris Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</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		
			<b>100</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>Kevin Omar, President</b>					Date <b>1/25/17</b>
Signature of Authorized Representative <i>Kevin Omar</i> <b>FILED</b>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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BY 297230

KM

FORM 630 - Revised: 10/2016