



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 11351		2. Exact name of the Corporation ATLANTIC PLUMBING & HEATING, INC.			
3. Principal Office Address 300 CARRIAGE DRIVE		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 22 - Utilities		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE GENERAL PLUMBING AND HEATING SERVICES AND MATERIALS			
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 HAROLD E. GRINNELL			Vice-President Name HAROLD E. GRINNELL		
Street Address 300 CARRIAGE DRIVE			Street Address 300 CARRIAGE DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name HAROLD E. GRINNELL			Treasurer Name HAROLD GRINNELL		
Street Address 300 CARRIAGE DRIVE			Street Address 300 CARRIAGE DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HAROLD E. GRINNELL			Director Name		
Street Address 200 CARRIAGE DRIVE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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
			200	COMMON	NO 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. <i>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.</i>					
Name of Authorized Representative HAROLD E. GRINNELL <i>Harold E. Grinnell</i>					Date 2-28-17
Signature of Authorized Representative FILED <i>2</i>					

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

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