



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 42046		2. Exact name of the Corporation EDWARD C. SILVIA PLUMBING AND HEATING, INC.			
3. Principal Office Address 275 OLIPHANT LANE		City MIDDLETOWN	State RI	Zip 02842	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING SERVICES				
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 EDWARD C. SILVIA, JR.		Vice-President Name EDWARD C. SILVIA, JR.			
Street Address 32 JAMES FRANCIS TERRACE		Street Address 32 JAMES FRANCIS TERRACE			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name EDWARD C. SILVIA, JR.		Treasurer Name EDWARD C. SILVIA, JR.			
Street Address 32 JAMES FRANCIS TERRACE		Street Address 32 JAMES FRANCIS TERRACE			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDWARD C. SILVIA, JR.		Director Name NONE			
Street Address 32 JAMES FRANCIS TERRACE		Street Address NONE			
City MIDDLETOWN	State RI	Zip 02842	City NONE	State NONE	Zip NONE
Director Name NONE		Director Name NONE			
Street Address NONE		Street Address NONE			
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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. 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 EDWARD C. SILVIA, JR.				Date 3-2-17	
Signature of Authorized Representative <i>Edward C. Silvia Jr.</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

FILED
 MAR 02 2017
 BY **807305**