



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 <b>42046</b>		2. Exact name of the Corporation <b>EDWARD C. SILVIA PLUMBING AND HEATING, INC.</b>			
3. Principal Office Address <b>275 OLIPHANT LANE</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>PLUMBING AND HEATING SERVICES</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>EDWARD C. SILVIA, JR.</b>		Vice-President Name <b>EDWARD C. SILVIA, JR.</b>			
Street Address <b>32 JAMES FRANCIS TERRACE</b>		Street Address <b>32 JAMES FRANCIS TERRACE</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>EDWARD C. SILVIA, JR.</b>		Treasurer Name <b>EDWARD C. SILVIA, JR.</b>			
Street Address <b>32 JAMES FRANCIS TERRACE</b>		Street Address <b>32 JAMES FRANCIS TERRACE</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</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>EDWARD C. SILVIA, JR.</b>		Director Name <b>NONE</b>			
Street Address <b>32 JAMES FRANCIS TERRACE</b>		Street Address <b>NONE</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>			
Street Address <b>NONE</b>		Street Address <b>NONE</b>			
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
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>200</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>EDWARD C. SILVIA, JR.</b>				Date <b>2-27-17</b>	
Signature of Authorized Representative 					

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 **801305**

FORM 630 - Revised: 10/2016