



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 9769		2. Exact name of the Corporation J.D. MELLO PLUMBING & HEATING, INC.			
3. Principal Office Address 64 HALSEY STREET			City NEWPORT	State RI	Zip 02840
4. NAICS Code 22 - Utilities	6. Brief description of the character of business conducted in Rhode Island HEATING AND PLUMBING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH D. MELLO			Vice-President Name SALLY J. MELLO		
Street Address 9 BUTLER STREET			Street Address 9 BUTLER STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name SALLY J. MELLO			Treasurer Name NONE		
Street Address 9 BUTLER STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		
			100	COMMON	NO PAR
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 <i>Joseph D Mello</i>				Date <i>1/31/17</i>	
Signature of Authorized Representative <i>[Signature]</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

MAR 03 2017
BY *35126 DS*