

From:

02/18/2017 10:50

#134 P.003/006



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

STAMP
 02/18/17

- 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 118420		2. Exact name of the Corporation Phillips Plumbing and Mechanical, Inc.			
3. Principal Office Address 313 Warwick Avenue		City Cranston	State RI	Zip 02905	
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To carry out a general plumbing, heating and contracting business in all its branches residential, commercial and industrial			
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 John Phillips			Vice-President Name		
Street Address 21 Aumond Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name John Phillips			Treasurer Name John Phillips		
Street Address 21 Aumond Street			Street Address 21 Aumond Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE 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 John Phillips				Date 2/18/17	
Signature of Authorized Representative <i>John Phillips, Pres.</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

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