



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

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 BUS SVCS DIV
 2017 APR 10 AM 10:20

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 150867		2. Exact name of the Corporation PRIORITY PLUMBING + HEATING			
3. Principal Office Address 21 GREENWOOD AVE			City WARWICK	State RI	Zip 02886
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING SERVICE AND CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL CAMBIO			Vice-President Name		
Street Address 21 GREENWOOD AVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		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			
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 MICHAEL CAMBIO				Date 4/10/2017	
Signature of Authorized Representative 				FILED APR 10 2017	

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

By **300 442**