



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

Annual Report for the year: 2017 AMENDED Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

R.I. DEPARTMENT OF STATE
 2017 JUN -5 PM 1:11

1. Entity ID Number 795380		2. Exact name of the Corporation BARRINGTON PLUMBING AND HEATING, INC.			
3. Principal Office Address 3 Fairview Circle			City Barrington	State RI	Zip 02806
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island To provide plumbing and heating services and all other lawful business.			
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 James A. Kazounis			Vice-President Name James A. Kazounis		
Street Address 3 Fairview Circle			Street Address 3 Fairview Circle		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name James A. Kazounis			Treasurer Name James A. Kazounis		
Street Address 3 Fairview Circle			Street Address 3 Fairview Circle		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James A. Kazounis			Director Name Jonathan A. Scungio		
Street Address 3 Fairview Circle			Street Address 74 Argyle Street		
City Barrington	State RI	Zip 02806	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
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	CLASS/SERIES	PAR VALUE
			800	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 James A. Kazounis					Date 5/31/17
Signature of Authorized Representative 					

FILED ✓

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MAIL TO:
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 Website: www.sos.ri.gov