



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

Annual Report for the year: 2018
 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 104265		2. Exact name of the Corporation RHODE ISLAND WATER CONDITIONING, INC			
3. Principal Office Address 764 NOOSENECK HILL ROAD		City WEST GREENWICH	State RI	Zip 02817	
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island INSTALLATION OF WELL PUMPS, INSTALLATION OF PRESSURE TANKS AND SERVICING FOR WATER FILTRATION AND PURIFICATION.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN R. HANNA			Vice-President Name ROBERT K DEMAREST		
Street Address 764 NOOSENECK HILL ROAD			Street Address 22 RANSELEY ROAD		
City WEST GREENWICH	State RI	Zip 02817	City CRANSTON	State RI	Zip 02920
Secretary Name STEVEN R. HANNA			Treasurer Name NONE		
Street Address 764 NOOSENECK HILL ROAD			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN R. HANNA			Director Name NONE		
Street Address 764 NOOSENECK HILL ROAD			Street Address		
City WEST GREENWICH	State RI	Zip 02817	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	N/A	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 STEVEN R HANNA					Date 12/15/17
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

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