



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 000069194		2. Exact name of the Corporation DiOrio Plumbing & Heating Inc.	
3. Principal Office Address 173R Maple Avenue		City Barrington	State RI
		Zip 02806	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Sales and service of plumbing and heating equipment.		
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 Douglas DiOrio		Vice-President Name Anthony DiOrio	
Street Address 173R Maple Avenue		Street Address 1 Hunt Drive	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Anthony DiOrio		Treasurer Name Douglas DiOrio	
Street Address 1 Hunt Drive		Street Address 173R Maple Avenue	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Douglas DiOrio		Director Name Anthony DiOrio	
Street Address 173R Maple Avenue		Street Address 1 Hunt Drive	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Common
		PAR VALUE 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 Douglas DiOrio		Date 1/19/2018	
Signature of Authorized Representative <i>Douglas DiOrio</i> FILED <i>President</i>			