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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

RECEIVED SECRETARY OF STATE		 معر
SECRETARY OF STATE CORPORATIONS TV	Ē.	· · • • 1
A CHOLLAND AND LINES	F.	

2018 JAN 29 PH 12: 20

1 Entity ID Number	2 Exact name of the Corporation J-MAC PLUMBING & HEATING, INC.						
000581638							
Principal Office Address		City		State	Zıp 02886		
129 GILLAN AVENUE			WARWICK			02006	
4 NAICS Code	6. Brief desc	ription of the charai	cter of business c	onducted in Rhode	Island		
238220	PLUMBING	AND HEATING R	EPAIRS AND MA	AINTENANCE			
5 State of Incorporation							
Rhode Island							
7 List ALL officers (names a	nd addresses)			Chec	k the box to	indicate an attachment 🗀	
President Name JAMES MCCAFFREY		Vice-President Name FREDERICK BAILEY					
Street Address 129 GILLAN AVENUE			Street Address 6 CASTALDI DRIVE				
City WARWICK	State RI	Z ¹ P 0288 6	City JOHNS1	City JOHNSTON State		^{Zip} 02919	
Secretary Name JAMES MCC	etary Name JAMES MCCAFFREY		Treasurer Name JAMES MCCAFFREY				
Street Address 129 GILLAN AVENUE		Street Address 129 GILLAN AVENUE					
City WARWICK	State RI	Z ₁ ρ 02886	City WARWICK		State RI	Zip 02886	
8 List ALL directors (names	and addresses)			Chec	k the box to	indicate an attachment	
Director Name JAMES MCCA	AFFREY		Director Name	!			
Street Address 129 GILLAN AVENUE		Street Address					
City WARWICK	State RI	Zip 02886	City		State	Zıp	
Director Name		Director Name					
Street Address			Street Address	3			
City	State	Zip	City		State	Ζιρ	
, , , , , , , , , , , , , , , , , , ,							
9 Shares Authorized		10 Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASSISERIES PAR VALUE			
This information is currently of record in the Department of State. Changes require an additional filing.		1000	P STARLS	COMMON		NO PAR VALUE	
					•		
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	entative. If the com	ocation is in	the hands of a receiver or	
trustee, this report must be e					oration is in	the hands of a receiver of	
Under penalty of perjury, I				ncluding any acco	mpanying s	schedules and	
statements, and that all sta Name of Authorized Represe		nerein are true ai	nu correct.		Date	Δ	
JAMES MCCAFFREY					1	26-18	
Signature of Authorized Repr	resentative	SICNIDO	CHACHT CLA	co	<u> </u>		
		SIGN DU	CUMENT	ru			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JAN 29 2018

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