RI SOS Filing Number: 201856982830 Date: 1/29/2018 12:22:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

SECRETARY OF STATE
CORPORATIONS DIV

<ul> <li>→ Filing period: January 1 - March 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>			2015 JAN 29 PH 12: 20 45 1111				
1. Entity ID Number		of the Corporation					
000581638	J-MAC PL	UMBING & H	EATING, IN	c			
3 Principal Office Address			City		State	Zip	
129 GILLAN AVENUE			WARWICK		RI	02886	
4. NAICS Code	6. Brief descrip	tion of the characte	er of business co	onducted in Rhode Is	sland	<u> </u>	
238220	PLUMBING AND HEATING REPAIRS AND MAINTENANCE						
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and add	tresses)_				the box to in	dicate an attachment	
President Name JAMES MCCAFFR	EY		Vice-President	Name FREDERICK	BAILEY		
Street Address 129 GILLAN AVENUE			Street Address 6 CASTALDI DRIVE				
City WARWICK	State RI	<sup>Zip</sup> 02886	City JOHNSTON		State RI	<sup>Zip</sup> 02919	
	Secretary Name JAMES MCCAFFREY			Treasurer Name JAMES MCCAFFREY			
Street Address 129 GILLAN AVENU			Street Address 129 GILLAN AVENUE				
City WARWICK	State RI	<sup>Zip</sup> 02886	City WARWIC	ж 	State RI	<sup>Zip</sup> 02886	
8. List ALL directors (names and ad	idresses)		I man a man a Managara	Check	the box to in	dicate an attachment	
Director Name  JAMES MCCAFFREY			Director Name				
Street Address 129 GILLAN AVENUE			Ctroot Addrson				
	IE		Street Address				
	State RI	<sup>Zip</sup> 02886	City		State	Zıp	
	State	<sup>Zip</sup> 02886			State	Zıp	
City WARWICK	State	<sup>Zip</sup> 02886	City		State	Zıp	
City WARWICK Director Name	State	Zip 02886	City  Director Name		State	Zip	
City WARWICK Director Name Street Address City  9. Shares Authorized	State RI	Zip 10. Shares Issu	City  Director Name  Street Address  City	Check	State the box to in	Zip dicate an attachment	
City WARWICK Director Name Street Address City	State RI	Zip	City  Director Name  Street Address  City		State the box to in	Zip	
City WARWICK Director Name Street Address City  9. Shares Authorized This information is currently of recor	State RI State	Zip  10. Shares Issu  NUMBER OF	City  Director Name  Street Address  City	Check CLASS/SERIES	State the box to in	Zip  dicate an attachment  PAR VALUE	
City WARWICK  Director Name  Street Address  City  9. Shares Authorized  This information is currently of record Department of State.  Changes require an additional filing.  11. This report must be executed of trustee, this report must be executed.	State State  State  The in the content of the conte	Zip  10. Shares Issu  NUMBER OF S  1000  orporation by an aune corporation by the	City  Director Name  Street Address  City  Jed  SHARES  uthorized represente receiver or true	Check CLASS/SERIES COMMON  entative. If the corpo	State the box to in	Zip  dicate an attachment PAR VALUE  NO PAR VALUE  ne hands of a receiver or	
City WARWICK  Director Name  Street Address  City  9. Shares Authorized  This information is currently of record Department of State.  Changes require an additional filing.  11. This report must be executed of trustee, this report must be executed Under penalty of perjury, I declar statements, and that all statements.	State  State  State  The in the contained here is contained in the contain	2ip  10. Shares Issu NUMBER OF S  1000  orporation by an aune corporation by the at I have examine	City  Director Name  Street Address  City  Jed SHARES  uthorized represente receiver or truited this report, in	Check CLASS/SERIES COMMON  entative. If the corpo	State the box to in	Zip  dicate an attachment PAR VALUE  NO PAR VALUE  ne hands of a receiver or	
City  Director Name  Street Address  City  9. Shares Authorized  This information is currently of record Department of State.  Changes require an additional filling.  11. This report must be executed on trustee, this report must be executed of trustee, this report must be executed Under penalty of perjury, I declar statements, and that all statemer. Name of Authorized Representative	State  State  State  The in the contained here is contained in the contain	2ip  10. Shares Issu NUMBER OF S  1000  orporation by an aune corporation by the at I have examine	City  Director Name  Street Address  City  Jed SHARES  uthorized represente receiver or truited this report, in	Check CLASS/SERIES COMMON  entative. If the corpo	State the box to in formation is in the spanying sc	Zip  dicate an attachment  PAR VALUE  NO PAR VALUE  ne hands of a receiver or  hedules and	
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MAIL 10:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:22 FILED

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