RI SOS Filing Number: 201856983530 Date: 1/29/2018 12:21:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 29 PM 12:20

Annual Report for the year: 2016
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: **000581638**	2. Exact name of the Corporation: **J-MAC PLUMBING & HEATING, INC.**

3. Principal Office Address	City	State	Zip
129 GILLAN AVENUE	WARWICK	RI	02886

4. NAICS Code: 238220	6. Brief description of the character of business conducted in Rhode Island: PLUMBING AND HEATING REPAIRS AND MAINTENANCE
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check 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	Zip: 02886	City: JOHNSTON	State: RI	Zip: 02919
Secretary Name: JAMES MCCAFFREY			Treasurer Name: JAMES MCCAFFREY		
Street Address: 129 GILLAN AVENUE			Street Address: 129 GILLAN AVENUE		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: JAMES MCCAFFREY			Director Name		
Street Address: 129 GILLAN AVENUE			Street Address		
City: WARWICK	State: RI	Zip: 02886	City	State	Zip
Director Name			Director Name		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	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	Date
JAMES MCCAFFREY	1-26-18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
12:21
JAN 29 2018
BY [handwritten initials] 22001298

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017