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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

STAMP

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

| → Penalty: Additional \$25 | .00 fee it form is no | ot filed by April 1. | | | | | | |
|--|----------------------------------|---|----------------|--------------------|---------------|----------------------------|--|--|
| 1. Entity ID Number 119543 | | 2. Exact name of the Corporation Elliott's Heating Service, Inc. | | | | | | |
| 3. Principal Office Address | | | City State | | | Zip | | |
| 92 High Street | | | Jamestown | stown | | 02835 | | |
| 4 NAICS Code | 6. Brief descr | 6. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 238220 | To maintair | To maintain, install and repair heating systems | | | | | | |
| State of Incorporation | | | | | | | | |
| Rhode Island | | | | | | | | |
| 7. List ALL officers (names an | nd addresses) | | | | the box to | indicate an attachment 🗖 | | |
| President Name Elliott E. Brow | Vice-President Name Denise Brown | | | | | | | |
| Street Address 92 High Street | Street Address 92 High Street | | | | | | | |
| City Jamestown | State Ri | Zip 02835 | City Jamestown | | State RI | ^{Zip} 02835 | | |
| Secretary Name | ame | | | Treasurer Name | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Žip | City | | State | Zip | | |
| 8. List ALL directors (names a | and addresses) | I | | Check | the box to | indicate an attachment | | |
| Director Name Elliott E. Brown | | | Director Name | | | | | |
| Street Address 92 High Street | | | Street Address | | | | | |
| City Jamestown | State RI | Zip 02835 | City | City | | Zip | | |
| Director Name | | | Director Name | | | | | |
| Street Address | Street Address | | | | | | | |
| City | State | Zip | City | | State | Zip | | |
| 9 Shares Authorized | <u> </u> | 10. Shares Iss | <u> </u> | Check | the box to | indicate an attachment | | |
| This information is currently of | | NUMBER OF SHARES CLASS/SERIES | | | PAR VALUE | | | |
| Department of State. | | two | | common | | no par | | |
| Changes require an additional | filing. | | | | | | | |
| 11. This report must be execu | | | | | oration is in | the hands of a receiver or | | |
| trustee, this report must be ex | | | | | | | | |
| Under penalty of perjury, I on statements, and that all states | | | | ncluaing any accol | npanying s | schedules and | | |
| Name of Authorized Represer | | | | | Date | / / | | |
| Elliott E. Brown, President | | | | | 1 l/ | 22/18 | | |
| Signature of Authorized Repre | esentative Buul | Pres | CORENT VERN | | | , | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov **FILED**

JAN 29 2018

FQRM 630 - Revised: 10/2017