

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 if form is not filed by April 1.

1. Entity ID Number		•	n				
119543		2. Exact name of the Corporation Elliott's Heating Service, Inc.					
3. Principal Office Address	•		City	City		Zip	
92 High Street			Jamestow	m	RI	02835	
4 NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
238220	To maintair	To maintain, install and repair heating systems					
5. State of Incorporation	\dashv						
Rhode Island							
7. List ALL officers (names an	nd addresses)				ck the box to i	ndicate an attachment 🗖	
President Name Elliott E. Brov	Vice-President Name Denise Brown						
Street Address 92 High Street	<u> </u>		Street Addres	ss 92 High Street			
City Jamestown	State Ri	Zip 02835	City Jamestown		State RI	State RI Zip 02835	
Secretary Name			Treasurer Na			1	
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	and addresses)			Che	Leck the box to i	indicate an attachment 🗖	
Director Name Elliott E. Brow	Director Nam	Director Name					
Street Address 92 High Street	Street Address						
City Jamestown	State RI	Zip 02835	City			Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9 Shares Authorized		10. Shares Iss	L	Che	ck the box to r	ndicate an attachment	
Shares Authorized This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		two	two		common		
Changes require an additional	filing.						
11. This report must be execu					rporation is in	the hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I o	recuted on behalf of	the corporation by	the receiver or	trustee.	omnanyina c	shadular and	
statements, and that all stat				incidanty any acc	Ompanying a	Chennias and	
Name of Authorized Represer	ntative	***************************************			Date	/ /	
Elliott E. Brown, President					1/	22/18	
Signature of Authorized Repre	esentative /	- Asserte		·	,		
Ellutt E	Burll	rves,	·	•			

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

FORM 630 - Revised: 10/2017