



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

FILED

JAN 31 2018

BY 26029

Annual Report for the year: 2018
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 72297		2. Exact name of the Corporation Robinson Plumbing & Heating Supply Co., Inc.			
3. Principal Office Address 1 Freeway Dr.		City Cranston		State RI	Zip 02920
4. NAICS Code 423720		6. Brief description of the character of business conducted in Rhode Island retail and wholesale of general merchandise including plumbing fixtures and supplies, heating, and electrical equipment			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Russell B. Robinson			Vice-President Name None		
Street Address One West Exchange St., Suite 2603			Street Address		
City Providence	State RI	Zip 02903-1079	City	State	Zip
Secretary Name Joyce Robinson			Treasurer Name Russell B. Robinson		
Street Address One West Exchange St., Suite 2603			Street Address One West Exchange St., Suite 2603		
City Providence	State RI	Zip 02903-1079	City Providence	State RI	Zip 02903-1079
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Russell B. Robinson			Director Name Joyce Robinson		
Street Address One West Exchange St., Suite 2603			Street Address One West Exchange St., Suite 2603		
City Providence	State RI	Zip 02903-1079	City Providence	State RI	Zip 02903-1079
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par
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 Russell B. Robinson					Date 1-22-2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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