State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1 Corporate ID No	2 Name of Corporation
153093	GENCARELLA PLUMBING, INC.

3 Street Address Principal Business Office	City	State	Zip
3 Knollwood Drive	Westerly	RI	02891

4 Business Phone No	5 State of Incorporation
401-596-0042	Rhode Island

6 Brief Description of the Character of Business Conducted in Rhode Island
plumbing nad heating installation, repairs and maintenance 238220

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Gary Gencarella	
Street Address	**Street Address**
3 Knollwood Drive	
City / State / Zip	**City / State / Zip**
Westerly / RI / 02891	
Secretary Name	**Treasurer Name**
Tina M. Cherenzia	Gary Gencarella
Street Address	**Street Address**
3 Knollwood Drive	3 Knollwood Drive
City / State / Zip	**City / State / Zip**
Westerly / RI / 02891	Westerly / RI / 02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Gary Gencarella	
Street Address	**Street Address**
3 Knollwood Drive	
City / State / Zip	**City / State / Zip**
Westerly / RI / 02891	
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100	common	0.01 par value

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.

[redacted] [redacted]

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 08 2018
BY SSA
[redacted]

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.

Gary Gencarella 1/18/18
Signature *Date*

Gary Gencarella
Print or Type Name

President
Title

Form 630 Rev. 08/08