



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

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.

FILED
 FEB 12 2018
 BY 2342

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 FEB 12 AM 11:35

1. Entity ID Number 1661232	2. Exact name of the Corporation MELCO PLUMBING & HEATING, INC.
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3. Principal Office Address 19 Raymond Street	City Lincoln	State RI	Zip 02865
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4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING SERVICES
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTONIA M. MELO		Vice-President Name JAMES O. MELO			
Street Address 19 Raymond Street		Street Address 19 Raymond Street			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name JAMES O. MELO		Treasurer Name ANTONIA M. MELO			
Street Address 19 Raymond Street		Street Address 19 Raymond Street			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIA M. MELO		Director Name JAMES O. MELO			
Street Address 19 Raymond Street		Street Address 19 Raymond Street			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name		Director Name			
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
	600	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 ANTONIA M. MELO, PRESIDENT	Date February 20, 2018
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Signature of Authorized Representative

 COPY 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