



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.

1. Entity ID Number 84736		2. Exact name of the Corporation Five STAR, Inc.										
3. Principal Office Address 261 John Potter Rd.		City West Greenwich	State R.I.									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING + HEATING CONTRACTOR										
5. State of Incorporation R.I.												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name JAMES DUNFORD		Vice-President Name Eileen Dunford										
Street Address 261 John Potter Rd.		Street Address 261 John Potter Rd.										
City West Greenwich	State R.I.	City West Greenwich	State R.I.									
Zip 02817		Zip 02817										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0			
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100		0										
Changes require an additional filing.												
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 James Dunford		Date 2/13/18										
Signature of Authorized Representative James Dunford		FILED FEB 16 2018 BY KL324457 11:50										