



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

FILEDSTAMP
FEB 20 2018BY 2216/18

1. Entity ID Number 000011351		2. Exact name of the Corporation ATLANTIC PLUMBING & HEATING, INC.	
3. Principal Office Address 300 CARRIAGE DRIVE		City PORTSMOUTH	State RI
		Zip 02871	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE GENERAL PLUMBING AND HEATING SERVICES AND MATERIALS		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name HAROLD E. GRINNELL		Vice-President Name HAROLD E. GRINNELL	
Street Address 300 CARRIAGE DRIVE		Street Address 300 CARRIAGE DRIVE	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
Secretary Name HAROLD E. GRINNELL		Treasurer Name HAROLD E. GRINNELL	
Street Address 300 CARRIAGE DRIVE		Street Address 300 CARRIAGE DRIVE	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name HAROLD E. GRINNELL		Director Name	
Street Address 300 CARRIAGE DRIVE		Street Address	
City PORTSMOUTH	State RI	City	State
Zip 02871		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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/STRIKES	
		PAR VALUE	
		200	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. <i>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.</i>			
Name of Authorized Representative HAROLD E. GRINNELL		Date 2/16/18	
Signature of Authorized Representative <i>H. E. Grinnell</i>		SIGN DOCUMENT HERE	