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

FILED
STAMP
FEB 20 2018
BY

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	2. Exact name of the Corporation
000011351	ATLANTIC PLUMBING & HEATING, INC.

3. Principal Office Address	City	State	Zip
300 CARRIAGE DRIVE	PORTSMOUTH	RI	02871

4. NAICS Code	6. Bnef description of the character of business conducted in Rhode Island
238220	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	Zip: 02871	City: PORTSMOUTH	State: RI	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	Zip: 02871	City: PORTSMOUTH	State: RI	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	Zip: 02871	City	State	Zip
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 Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	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

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	Date
HAROLD E. GRINNELL	2/16/18

Signature of Authorized Representative: HAROLD E. GRINNELL

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

BY

FORM 630 - Revised: 10/2017