RI SOS Filing Number: 201859055180 Date: 2/23/2018 4:00:00 PM

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	2. Exact name of the Corporation		
12315	Smithfield Plumbing & Heating Supply Co.,Inc.		
3. Principal Office Address: 1 Austin Ave.	City: Greenville	State: RI	Zip: 02828
4. NAICS Code: 444190	6. Brief description of the character of business conducted in Rhode Island: Plumbing & Heating Supply		
5. State of Incorporation: Rhode island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Aaron W.Colaluca			Vice-President Name: Americo W.Colaluca		
Street Address: 1 Austin Ave.			Street Address: 1 Austin Ave.		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828
Secretary Name: Gina Colaluca			Treasurer Name: John L.Pucci		
Street Address: 1 Austin Ave.			Street Address: 1 Austin Ave.		
City: Greenville	State: RI	Zip: 02828	City: Greenville	State: RI	Zip: 02828

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Americo W.Colaluca			Director Name		
Street Address: 1 Austin Ave.			Street Address		
City: Greenville	State: RI	Zip: 02828	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

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
Aaron W.Colaluca	**FILED**	1/8/2018

Signature of Authorized Representative

SIGN DOCUMENT FEB 23 2018

BY 80347

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017