



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**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| 1. Entity ID Number<br><b>94112</b>                                                                                                                                                                                                               |                    | 2. Exact name of the Corporation<br><b>FLEET PLUMBING &amp; HEATING, INC.</b>                                         |                                                                                                                       |                    |                        |
| 3. Principal Office Address<br><b>P.O. Box 266</b>                                                                                                                                                                                                |                    |                                                                                                                       | City<br><b>North Scituate</b>                                                                                         | State<br><b>RI</b> | Zip<br><b>02857</b>    |
| 4. NAICS Code<br><b>238220</b>                                                                                                                                                                                                                    |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Plumbing &amp; Heating Services</b> |                                                                                                                       |                    |                        |
| 5. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                                                  |                    |                                                                                                                       |                                                                                                                       |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |                    |                                                                                                                       |                                                                                                                       |                    |                        |
| President Name<br><b>Ann Mrie Carbone</b>                                                                                                                                                                                                         |                    |                                                                                                                       | Vice-President Name<br><b>Robert Carbone</b>                                                                          |                    |                        |
| Street Address<br><b>P.O. Box 266</b>                                                                                                                                                                                                             |                    |                                                                                                                       | Street Address<br><b>P.O. Box 266</b>                                                                                 |                    |                        |
| City<br><b>North Scituate</b>                                                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02857</b>                                                                                                   | City<br><b>North Scituate</b>                                                                                         | State<br><b>RI</b> | Zip<br><b>02857</b>    |
| Secretary Name<br><b>Ann Marie Carbone</b>                                                                                                                                                                                                        |                    |                                                                                                                       | Treasurer Name<br><b>Robert Carbone</b>                                                                               |                    |                        |
| Street Address<br><b>P.O. Box 266</b>                                                                                                                                                                                                             |                    |                                                                                                                       | Street Address<br><b>P.O. Box 266</b>                                                                                 |                    |                        |
| City<br><b>North Scituate</b>                                                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02857</b>                                                                                                   | City<br><b>North Scituate</b>                                                                                         | State<br><b>RI</b> | Zip<br><b>02857</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |                    |                                                                                                                       |                                                                                                                       |                    |                        |
| Director Name<br><b>N/A</b>                                                                                                                                                                                                                       |                    |                                                                                                                       | Director Name                                                                                                         |                    |                        |
| Street Address                                                                                                                                                                                                                                    |                    |                                                                                                                       | Street Address                                                                                                        |                    |                        |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                   | City                                                                                                                  | State              | Zip                    |
| Director Name                                                                                                                                                                                                                                     |                    |                                                                                                                       | Director Name                                                                                                         |                    |                        |
| Street Address                                                                                                                                                                                                                                    |                    |                                                                                                                       | Street Address                                                                                                        |                    |                        |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                   | City                                                                                                                  | State              | Zip                    |
| 9. Shares Authorized                                                                                                                                                                                                                              |                    |                                                                                                                       | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                  |                    |                                                                                                                       | NUMBER OF SHARES                                                                                                      |                    |                        |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                       | CLASS/SERIES                                                                                                          |                    |                        |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                       | 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. |                    |                                                                                                                       |                                                                                                                       |                    |                        |
| <b>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.</b>                                       |                    |                                                                                                                       |                                                                                                                       |                    |                        |
| Name of Authorized Representative<br><b>Ann Marie Carbone, President</b> ✓ <i>Ann Marie Carbone</i>                                                                                                                                               |                    |                                                                                                                       |                                                                                                                       |                    | Date<br><b>2/19/18</b> |
| Signature of Authorized Representative<br><br><div style="text-align: center;">SIGN DOCUMENT HERE</div>                                                                                                                                           |                    |                                                                                                                       |                                                                                                                       |                    |                        |