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.

RECEIVED
2018 FEB 27 A 10:49
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID Number	2. Exact name of the Corporation		
110058	K & T PLUMBING & HEATING, INC.		
3. Principal Office Address	City	State	Zip
7 Harris Avenue	Johnston	RI	02919
4. NAICS Code: 238220	6. Brief description of the character of business conducted in Rhode Island: Plumbing and heating services and any other lawful business		
5. State of Incorporation: Rhode Island			

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

President Name: Kevin Omar			Vice-President Name: Kevin Omar		
Street Address: 7 Harris Avenue			Street Address: 7 Harris Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Kevin Omar			Treasurer Name: Kevin Omar		
Street Address: 7 Harris Avenue			Street Address: 7 Harris Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

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

Director Name: Kevin Omar			Director Name		
Street Address: 7 Harris Avenue			Street Address		
City: Johnston	State: RI	Zip: 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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/SERIES	PAR VALUE
	100	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
Kevin Omar, President	1/19/18

Signature of Authorized Representative: Kevin Omar SIGN DOCUMENT HERE

FILED

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

FEB 27 2018
BY 325326

FORM 630 - Revised: 10/2016