Date: 2/27/2018 4:00:00 PM RI SOS Filing Number: 201859215160

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2010 FEB 27 PM 1: 40

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 66404	2. Exact name of the Corporation G. HILL PLUMBING AND HEATING, INC.						
3. Principal Office Address 15 POND STREET			City WESTERL	TERLY		Zip 02891	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238220	TO PROVIDE COMMERCIAL AND RESIDENTIAL PLUMBING, HEATING AND FIRE PROTECTION						
5. State of Incorporation	SERVICES.						
RHODE ISLAND							
7. List ALL officers (names and add	resses)			Check	the box to i	ndicate an attachment	
President Name GREGORY S. HILL			Vice-President Name GREGORY S. HILL				
Street Address 15 POND STREET			Street Address 150 POND STREET				
City WESTERLY	State RI	^{Zıp} 02891	City WESTI	ERLY	State R I	Zip 02891	
Secretary Name GREGORY S. HILL			Treasurer Name GREGORY S. HILL				
Street Address 15 POND STREET			Street Address 15 POND STREET				
City WESTERLY	State RI	^{Zip} 02891	City WESTERLY		State RI	^{Zip} 02891	
List ALL directors (names and a	ddresses)	<u> </u>			the box to	ndicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Addres	Street Address			
City	State	Zip	City		State	Zıp	
Director Name	•		Director Name	е		·	
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized	1	10. Shares Issu		ed 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 VA_UE			
		100		COMMON		NO PAR VALUE	
11. This report must be executed of trustee, this report must be executed					oration is in	the hands of a receiver or	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm	that I have examin	ed this report,		npanying s	chedules and	
Name of Authorized Representative Date							
GREGORY S. HILL, PRESIDENT 2/1/8							
Signature of Authorized Represent	ative	a Pign Do	CUMENT HERE	FILED	, /	<i>'</i>	

MAIL TO:

MAIL TO: University Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov WM FEB 2 7 2018

FORM 630 - Revised: 10/2017