

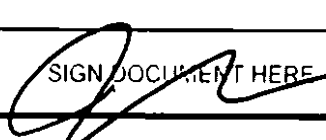


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 1029368		2. Exact name of the Corporation MAGGIACOMO PLUMBING, INC.												
3. Principal Office Address 51B Western Industrial Drive			City Cranston	State RI	Zip 02921									
4. NAICS Code 541730		6. Brief description of the character of business conducted in Rhode Island Lawn maintenance, landscaping, goundkeeping, renting, leasing of equipment and supplies.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Joseph Maggiacomo			Vice-President Name											
Street Address 51B Western Industrial Drive			Street Address											
City Cranston	State RI	Zip 02921	City	State	Zip									
Secretary Name Joseph Maggiacomo			Treasurer Name Joseph Maggiacomo											
Street Address 51B Western Industrial Drive			Street Address 51B Western Industrial Drive											
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			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 Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
		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 Joseph Maggiacomo				Date 2-12-18										
Signature of Authorized Representative 														

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

MAR 01 2018

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FORM 630 - Revised: 10/2017