RI SOS Filing Number: 201859578210 Date: 3/1/2018 4:00:00 PM

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

STAMP

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
1029368	**MAGGIACOMO PLUMBING, INC.**

3. Principal Office Address	City	State	Zip
51B Western Industrial Drive	**Cranston**	**RI**	**02921**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	**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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**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	Date
Joseph Maggiacomo	2-12-18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 01 2018
2963

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