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

Street Address State Zip Z	Annual Report for the			STARIP			
MAGGIACOMO PLUMBING, INC. State Zip Cranston Cranston State Zip Cranston Cranston State Zip Cranston Cransto	→ Filing period: January → Filing Fee: \$50.00		ot filed by April 1.				
3 Principal Office Address 51B Western Industrial Drive Cranston Ri City Cranston Ri City Cranston Ri City Cranston Ri Check the box to indicate an attachments of the state of the sta	<u>-</u>		,				
A NAICS Code		MAGGIA	COMO PLUM	BING, INC.			
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 attachm Vice-President Name Vice-Pre	·			1			
Street Address State Zip	54173 5. State of Incorporation	、 I					ent and supplies.
Street Address 51B Western Industrial Drive City Cranston State RI Zip 02921 City Cranston Street Address Check the box to indicate an attachm Director Name Street Address Street Address Street Address Street Address Street Address City State Zip City Stat	7. List ALL officers (names an	Check the box to indicate an attachment					
State RI Zip 02921 City State Zip 02921 City State Zip 02921 City State Zip 02921 City Cranston Street Address 51B Western Industrial Drive Street Address 51B Western Industrial Drive City Cranston State RI Zip 02921 City State Zip City State Zip City State Zip City State Zip Director Name Street Address Street	Joseph Magg	vice-President Name					
Street Address 51B Western Industrial Drive Street Address 51B Western Industrial Drive City Cranston State RI Zip 02921 Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a recentatements, and that all statements contained herein are true and correct. Street Address Treasurer Name Joseph Maggiacomo Street Address State RI Zip 02921 City Cranston State RI Zip 02921 Check the box to indicate an attachment of the corporation by an authorized representative. If the corporation is in the hands of a recentatements, and that all statements contained herein are true and correct. Date Joseph Maggiacomo	treet Address 51B Western Industrial Drive			Street Address			
Street Address 51B Western Industrial Drive City Cranston State RI Zip 02921 City Cranston State RI Zip 02921 City Cranston State RI Zip 02921 Check the box to indicate an attachm Director Name Director Name Street Address City State Zip Check the box to indicate an attachm NUMBER OF S-MARES CLASS-SCRIES PAR VALUE Department of State. Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recervate enemalty 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	City Cranston	State RI	^{Zip} 02921	City	_	State	Ζιρ
Street Address 51B Western Industrial Drive State RI	ecretary Name Joseph Maggiacomo			Treasurer Name Joseph Maggiacomo			
Check the box to indicate an attachmorrector Name Director Name	Street Address 51B Western In	Stroot Address					
Check the box to indicate an attachmometer Name Director Name	Cranston	State RI	Zip 02921	City Cranston		State RI	Zip 02921
Street Address Street Address Director Name Director Name Street Address State Zip City State Zip State Zip One Check the box to indicate an attachment information is currently of record in the part of part value Number Of States CLASS/SCRIES PAR VALUE 200 Common No Par Value This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recent part of part of the part of the part 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. Suppose the Address State Zip City State Zip Common No Par Value Date Date Date Date Date Date Date Date		nd addresses)				k the box to inc	licate an attachment
City State Zip City State Zip City State Zip Director Name Street Address Street Address Street Address City State Zip City State Zip O. Shares Authorized In Shares Issued Check the box to indicate an attachm NUMBER OF SHARES CLASSISTRIES PAR VALUE Department of State. Changes require an additional filing. In This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recent personal type 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. None of Authorized Representative Date Joseph Maggiacomo	Silector Name			Director Name	2		
Director Name Director Name Street Address Check the box to indicate an attachm NUMBER OF S-MARES CLASS/SCRIES PAR VALUE 200 Common No Par Value This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recency test, 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 estatements, and that all statements contained herein are true and correct. State Discovery Maggiacomo Date Date Date Date	Street Address			Street Address	s	-·- <u>-</u>	
Street Address Street Address Street Address Street Address Street Address Street Address State Zip City State Zip No Mares Issued Check the box to indicate an attachments of state. Department of State. Zip State No Mares Issued Check the box to indicate an attachments cantaintee in attachments of state. No Par Value No Par Value No Par Value No Par Value Statements on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recent of 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. State State Zip Zip State Zip Zip State Zip Zip Zip Zip Zip Zip Zip Zi	Dity	State	Zip	City		State	Zip
State Zip City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachm This information is currently of record in the Department of State. 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 receives, this report must be executed on behalf of the corporation by the receiver or trustee. 12. 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. 13. Name of Authorized Representative 14. Doseph Maggiacomo	Director Name			Director Name	·		<u>. </u>
2. Shares Authorized This information is currently of record in the Department of State. 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 recerustee, 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 2-12-18	Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address	s .		<u>.</u>
This information is currently of record in the Department of State. 200 Common No Par Value	Dity	State	Zip	City		State	Zıp
Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recent rustee, this report must be executed on behalf of the corporation by the receiver or trustee. 12. Under penalty of perfury, 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. 13. Name of Authorized Representative 14. Date 15. Date 16. Date 17. Date			10. Shares Iss	sued	Chec	k the box to ind	licate an attachment
Changes require an additional filing. 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, this report must be executed on behalf of the corporation by the receiver or trustee. 12. 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. 13. Value of Authorized Representative 14. Joseph Maggiacomo	Department of State.				CLASS/SERIES		
Inder 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			200	200		No Par Value	
Joseph Maggiacomo Date 2-12-18	rustee, this report must be ex Inder penalty of perjury, I d	ecuted on behalf of eclare and affirm t	the corporation by hat I have examin	the receiver or tr	ustee.		
	lame of Authorized Represen	ements contained tative	nerein are true ar	ia correct.			
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Signature of Authorized Representative SIGN DOCUMENT HERE	Signature of Authorized Repre	sentative	SIGN	CULLENT HERE	FILEN	•	

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 1 2018

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