



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

ST.:

Annual Report for the year: **2018**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number 001657988 | | 2. Exact name of the Limited Liability Company SW & Sons Plumbing and Heating, LLC | |
| 3. NAICS Code 238220 | | 4. Brief description of the character of business conducted in Rhode Island Plumbing and heating. | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 17 Thelma Street | | City North Providence | State RI |
| | | Zip 02904 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name William Jiminez | | Contact Title Member | |
| Street Address 24 Chestnut Street | | City Johnston | State RI |
| | | Zip 02919 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | |
| Manager Name N/A | | Manager Name N/A | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | Zip |
| Manager Name N/A | | Manager Name N/A | |
| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642 | | | |
| <i>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.</i> | | | |
| Name of Authorized Person William Jiminez | | Date 12/20/2018 | |
| Signature of Authorized Person | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY

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FORM 632 - Revised: 10/2017

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