



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

Annual Report for the year: 2019
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 971464		2. Exact name of the Corporation Blue Hill Plumbing and Heating, Inc.			
3. Principal Office Address 344 John L. Dietsch Boulevard, Suite 8			City North Attleboro	State MA	Zip 02763
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Plumbing and fire suppression installation			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven K. Henriques			Vice-President Name Steven K. Henriques		
Street Address 344 John L. Dietsch Boulevard, Suite 8			Street Address 344 John L. Dietsch Boulevard, Suite 8		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763
Secretary Name Steven K. Henriques			Treasurer Name Steven K. Henriques		
Street Address 344 John L. Dietsch Boulevard, Suite 8			Street Address 344 John L. Dietsch Boulevard, Suite 8		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven K. Henriques			Director Name		
Street Address 1320 South Washington Street			Street Address		
City North Attleboro	State MA	Zip 02763	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		15,000		CNP	None
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 Steven K. Henriques, President					Date 12/20/2018
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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
JAN 11 2019
 BY 29989
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 FORM 630 - Revised: 10/2016