



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.

FILED

JAN 31 2019 MIP

BY 4501
[Signature]

| | | | | | |
|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 62988 | | 2. Exact name of the Corporation ALMEIDA PLUMBING, HEATING & AIR, INC. | | | |
| 3. Principal Office Address 22 B LARK INDUSTRIAL PARKWAY | | | City SMITHFIELD | State RI | Zip 02828 |
| 4. NAICS Code 238220 | | 6. Brief description of the character of business conducted in Rhode Island THE SERVICE AND INSTALLATION OF PLUMBING, HEATING AND AIR CONDITIONING EQUIPMENT. | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name ALFRED E. ALMEIDA, III | | | Vice-President Name ALFRED E. ALMEIDA, III | | |
| Street Address 94 RIDGE ROAD | | | Street Address 94 RIDGE ROAD | | |
| City SMITHFIELD | State RI | Zip 02917 | City SMITHFIELD | State RI | Zip 02917 |
| Secretary Name ALFRED E. ALMEIDA, III | | | Treasurer Name ALFRED E. ALMEIDA, III | | |
| Street Address 94 RIDGE ROAD | | | Street Address 94 RIDGE ROAD | | |
| City SMITHFIELD | State RI | Zip 02917 | City SMITHFIELD | State RI | Zip 02917 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name ALFRED E. ALMEIDA, III | | | Director Name | | |
| Street Address 94 RIDGE ROAD | | | Street Address | | |
| City SMITHFIELD | State RI | Zip 02917 | 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 |
| | | | 200 | COMMON | 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 ALFRED E. ALMEIDA, III, PRESIDENT | | | | | Date 1-22-19 |
| Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE | | | | | |