



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

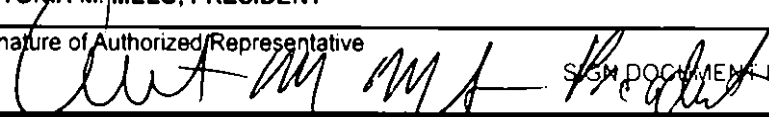
Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1661232		2. Exact name of the Corporation MELCO PLUMBING & HEATING, INC.			
3. Principal Office Address 19 Raymond Street		City Lincoln		State RI	Zip 02865
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING SERVICES			
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 ANTONIA M. MELO			Vice-President Name JAMES O. MELO		
Street Address 19 Raymond Street			Street Address 19 Raymond Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name JAMES O. MELO			Treasurer Name ANTONIA M. MELO		
Street Address 19 Raymond Street			Street Address 19 Raymond Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIA M. MELO			Director Name JAMES O. MELO		
Street Address 19 Raymond Street			Street Address 19 Raymond Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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		PAR VALUE
			600		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 ANTONIA M. MELO, PRESIDENT					Date February 19, 2019
Signature of Authorized Representative  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**FEB 11 2019**BY 

FORM 630 - Revised: 10/2017