



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

FEB 25 2019 STAMP

BY 1733 DS

1. Entity ID Number <b>C 1681208</b>		2. Exact name of the Corporation <b>Big John's Plumbing and Heating, Inc.</b>	
3. Principal Office Address <b>1384 Hartford Avenue, Unit 2C</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>238220</b>	6. Brief description of the character of business conducted in Rhode Island <b>Plumbing and heating business.</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>John G. Viverios</b>		Vice-President Name <b>John J. Viverios</b>	
Street Address <b>17 Pollett Street</b>		Street Address <b>11 Crowell Street</b>	
City <b>Cumberland</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02864</b>	
Secretary Name <b>Michael Long</b>		Treasurer Name <b>John G. Viveiros</b>	
Street Address <b>6 Locust Avenue</b>		Street Address <b>17 Pollett Street</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02864</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		None	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.			
<b>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.</b>			
Name of Authorized Representative <b>John G. Viveiros</b>			Date <b>2-14-19</b>
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

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FORM 630 - Revised: 10/2017

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