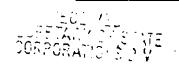
RI SOS Filing Number: 201989248410 Date: 3/25/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2019
Corporation	2010



2019 MAR 25 AM 10: 18

$\rightarrow$	Filina	period:	January	1	- March	1
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→ Filing Fee: \$50.00

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

4.5.0.15.11	To 5	7 ·		<del></del>		<u> </u>		
Entity ID Number	2. Exact name of	of the Corporation	< 0/	-R. W. W.	HEATI	NG FNC.		
1. Entity ID Number 2. Exact name of the Corporation PELLETIEN & Son PlumBing & HESTING FUC.								
Principal Office Address		·	City	•	State	Zip		
135 HATCHER				nastour	Į.			
4. NAICS Code	6. Brief descript	ion of the character	of business c	onducted in Rhode Isl ん,HUac,	and	entertion		
238726	PLL	abing, H	EATING	5, HUAC,	FILE 1	ROTELITOR		
5. State of Incorporation	WAT	FER SUPPL	Y 34 G	AS FIHING				
R.I			_					
<ol><li>List ALL officers (names and add</li></ol>	dresses)					cate an attachment		
President Name Nonman L Pl	6/15+iEA	J 1	Vice-President	Name  MAN L P	E1107	TEN JR.		
Street Address	-							
135 HATCHER	Y ROAD	-1	135	HATCHER	x ROAV	0		
City N Kin Gstonn	State P.T.	02852	City $\mathcal{N}$ , $\mid <$	incstown	State	02852		
Secretary Name NORMAN L PE	URTIER		Treasurer Nan	npn L PE	LLETIS	ER JR.		
Street Address HATCHERY ROAP			Street Address HATCHENY RORN					
city N Kinastour	State P.I	Zip 02852	City N. K	Instour	State I	Zip 02852		
8. List ALL directors (names and ad	ddresses)			Check ti	ne box to indi	cate an attachment		
Director Name  NonE			Director Name  No NE					
Street Address			Street Address					
City	State	Zıp	City	<u> </u>	State	Zip		
Director Name	_ <del></del>	<u>.</u>	Director Name	· <u>-</u>	1			
Street Address			Street Address	3				
City	State	Zip	City		State	Zip		
9. Shares Authorized					eck the box to indicate an attachment 🔲			
This information is currently of reco	rd in the	NUVBER OF S	HARES	CLASS/SERIES	ı	PAR VALUE		
ocpultinent of otate.		100	)	Commo	n	NOPAR		
Changes require an additional filing.						· · · · · · · · · · · · · · · · · · ·		
11. This report must be executed o	n behalf of the co	propration by an au	horized repres	L. sentative If the cornor	I ation is in the	hands of a receiver or		
trustee, this report must be executi	ed on behalf of th	e corporation by th	e receiver or tr	rustee.				
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  Date								
NORMAN PELLETIEN				3.25.2019				
Signature of Authorized Represent	ative	<del> </del>	FILE	<del>U</del>	<u> </u>			
Non Pelletin In.								
<del></del>			MAR Z 3	2013				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017