RI SOS Filing Number: 201918750870 Date: 9/9/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 Corporation

FILED SEP 0 9 2019 0

→ Filing period: January 1 - March 1

→ Filing Fee. \$50 00

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

172

Penalty Additional 323							
1. Entity ID Number 001684146		2. Exact name of the Corporation Don's Plumbing, Inc.					
Principal Office Address Seaweed Lane			City Block Isla	ınd	State RI	Z _I p 02807	
4. NAICS Code 238220	6. Brief desc Plumbing	Brief description of the character of business conducted in Rhode Island Plumbing					
5 State of Incorporation RI							
7. List ALL officers (names ar	nd addresses)	<u> </u>		C	heck the box to ind	cate an attachment	
President Name Donald Demaggio			Vice-President Name				
Street Address PO Box 1857	Street Address						
City Block island	State RI	Zip 02807	City		State	Zıp	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
8. List ALL Chectors (names a				C	heck the box to ind	cate an attachment	
Director Name Donald Demaggio			Director Name				
Street Address PO Box 1857			Street Address				
City Block Island	State RI	Zip 02807	City		State	Zıp	
Director Name			Director Name				
Street Addres ;			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Iss	sued	Check the box to inc		cate an attachment	
This information is currently of record in the Department of State. Changes require an additional filling.		NUMBER ()		CLASS	ISERIES	PAR VALUE	
		100		A		No par value	
11 This report must be execu	ited on behalf of the	corporation by an a	authorized repre	sentative If the	corporation is in the	hands of a receiver or	
trustee, this report must be ex	recuted on behalf of	the corporation by	the receiver or t	rustee	corporation is in the	Tiands of a receiver of	
Under penalty of perjucy, I distance is statements, and that all statements.	leclare and affirm tements contained	hat I have examin	ed this report,	including any a	ccompanying sch	edulos and	
Name of Authorized Representative Elliot Taubman, Esq.				Date 09/05/2019			
Signature of Authorized Repri	esentative			 _	<u> </u>		
Ellist Tan		1 (ON (H)	equipally in you				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3049 Website: www.sos.ri.gov