



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

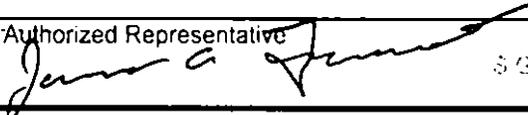
FILED

Annual Report for the year: **2020**  
Corporation

FEB 03 2020

BY 4236 DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000759117</b>		2. Exact name of the Corporation <b>KWIK PLUMBING &amp; HEATING, INC.</b>			
3. Principal Office Address <b>1149 Hartford Avenue</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 &amp; HEATING CONTRACTORS</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>JAMES A. FUSCO</b>			Vice-President Name <b>JAMES A. FUSCO</b>		
Street Address <b>1149 Hartford Avenue</b>			Street Address <b>1149 Hartford Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>JAMES A. FUSCO</b>			Treasurer Name <b>JAMES A. FUSCO</b>		
Street Address <b>1149 Hartford Avenue</b>			Street Address <b>1149 Hartford Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100 SHARES		COMMON	
				PAR VALUE	
				.01	
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. <i>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.</i>					
Name of Authorized Representative <b>JAMES A. FUSCO</b>				Date <b>1/30/20</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