



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2020

Corporation

→ 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 000125423		2. Exact name of the Corporation FULLPORT PLUMBING & HEATING, INC.			
3. Principal Office Address 264 Roger Williams Ave			City RUMFORD	State RI	Zip 02916
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INSTALLATION AND REPAIR OF PLUMBING AND HEATING SYSTEMS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name GLEN HAGMAN			Vice-President Name CRAIG R. FINIZIA		
Street Address 201 ROCKY HILL ROAD			Street Address 337 MAURAN AVE		
City REHOBOTH	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name Glen E. Hagman			Treasurer Name CRAIG R. FINIZIA		
Street Address 201 Rocky Hill Rd			Street Address 337 MAURAN AVE		
City Rehoboth	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name GLEN E. HAGMAN			Director Name CRAIG R. FINIZIA		
Street Address 201 ROCKY HILL RD			Street Address 337 MAURAN AVENUE		
City REHOBOTH	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914
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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Glen E Hagman				Date 1-27-2020	
Signature of Authorized Representative Glen Hagman				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