



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

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|   |                    |  |  |                    |                                    |
|---|--------------------|--|--|--------------------|------------------------------------|
| 1. Entity ID Number<br><b>110058</b>  |                    | 2. Exact name of the Corporation<br><b>K &amp; T PLUMBING &amp; HEATING, INC.</b>  |  |                    |                                    |
| 3. Principal Office Address<br><b>7 Harris Avenue</b>   |                    | City<br><b>Johnston</b>  |  | State<br><b>RI</b> | Zip<br><b>02919</b>                |
| 4. NAICS Code<br><b>238220</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Plumbing and heating services and any other lawful business.</b> |  |                    |                                    |
| 5. State of Incorporation<br><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<br><b>Kevin Omar</b>   |                    |  | Vice-President Name<br><b>Kevin Omar</b> |                    |                                    |
| Street Address<br><b>7 Harris Avenue</b>  |                    |  | Street Address<br><b>7 Harris Avenue</b> |                    |                                    |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>                  | State<br><b>RI</b> | Zip<br><b>02919</b>                |
| Secretary Name<br><b>Kevin Omar</b>   |                    |  | Treasurer Name<br><b>Kevin Omar</b>      |                    |                                    |
| Street Address<br><b>7 Harris Avenue</b>  |                    |  | Street Address<br><b>7 Harris Avenue</b> |                    |                                    |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>  | City<br><b>Johnston</b>                  | State<br><b>RI</b> | Zip<br><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<br><b>Kevin Omar</b>  |                    |  | Director Name                            |                    |                                    |
| Street Address<br><b>7 Harris Avenue</b>  |                    |  | Street Address                           |                    |                                    |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>  | City                                     | State              | Zip                                |
| Director Name   |                    |  | Director Name                            |                    |                                    |
| Street Address  |                    |  | Street Address                           |                    |                                    |
| City  | State              | Zip  | City                                     | State              | Zip                                |
| 9. Shares Authorized <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.   |                    |  |  |                    |                                    |
| 10. Shares Issued   |                    | Check the box to indicate an attachment <input type="checkbox"/>   |  |                    |                                    |
| NUMBER OF SHARES  |                    | CLASS/SERIES   |  | PAR VALUE          |                                    |
| 100   |                    | 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. |                    |  |  |                    |                                    |
| 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<br><b>Kevin Omar, President</b>   |                    |  |  |                    | Date<br><b>2/4/2020</b>            |
| Signature of Authorized Representative<br><i>Kevin Omar</i>   |                    |  |  |                    | SIGN DOCUMENT HERE<br><b>FILED</b> |

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