



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 FEB 26 A 10:15 AM

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.

FOR
REGISTRATION STATE
OFFICE

1. Entity ID Number 312317		2. Exact name of the Corporation IASIMONE PLUMBING - HEATING & DRAIN CLEANING, INC.												
3. Principal Office Address 27 Allen Avenue		City North Providence		State RI	Zip 02911									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Conduct the business of plumbing, heating and drain cleaning												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Louis G. Iasimone			Vice-President Name Deborah A. Iasimone											
Street Address 27 Allen Avenue			Street Address 27 Allen Avenue											
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911									
Secretary Name Louis G. Iasimone			Treasurer Name Louis G. Iasimone											
Street Address 27 Allen Avenue			Street Address 27 Allen Avenue											
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Louis G. Iasimone			Director Name											
Street Address 27 Allen Avenue			Street Address											
City North Providence	State RI	Zip 02911	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No Par												
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 Louis G. Iasimone					Date 2/19/20									
Signature of Authorized Representative <i>Louis G. Iasimone</i>					SIGN DOCUMENT HERE [Signature]									

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 26 2020

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FORM 630 - Revised: 10/2017