

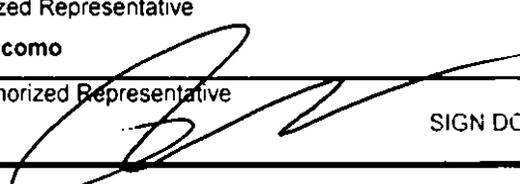


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
 STATE
 FEB 27 2020
 BY 3406 DS

1. Entity ID Number 1029368		2. Exact name of the Corporation MAGGIACOMO PLUMBING, INC.			
3. Principal Office Address 51B Western Industrial Drive			City Cranston	State RI	Zip 02921
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Lawn maintenance, landscaping, goundkeeping, renting, leasing of equipment and supplies.			
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 Joseph Maggiacomo			Vice-President Name		
Street Address 51B Western Industrial Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Joseph Maggiacomo			Treasurer Name Joseph Maggiacomo		
Street Address 51B Western Industrial Drive			Street Address 51B Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VALUE
					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 Joseph Maggiacomo					Date 2-19-20
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