RI SOS Filing Number: 202037117610 Date: 4/2/2020 4:00:00 PM



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

cli.En	
FILED	
APR 0 1 2020 STAMP	

		APR 0 1 2020 5 5 5 5
ANNUAL REPORT FOR THE YEAR	2020	AIN OT LOW OU
Corporation		- 1231
→ Filing Period: January 1 - March 1		$\frac{1}{1}$
→ Filing Fee: \$50.00		

_	- Հուսոց բշ	C. \$30.00							
→	Penalty:	Additional	\$25.00	fee if f	form is i	not filed	by A	pril 🛚	Ì

3. Street Address Principa 3.1 Libora Stroot		Ila Plumbing and Heati	City	State	Zip	
31 Libera Street 4. NAIC'S Code 5. State of Incorporation		Cranston	RI	02920		
4. NAICS Code 2. State of Incorporation Rhode Island						
	Character of Business Cond		-			
· · · · · · · · · · · · · · · · · · ·		d air conditioning system		IN SPACES REPORT I	ISING ATTACHMENTS	
President Name Michael C. Lannie	Missis or the ort	reims.,(,n,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vice President Name Joseph V. Zarrella		Silve Al TACHMINTO	
Street Address			Street Address			
31 Libera Street	State	Zip	31 Libera Street	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Secretary Name Michael C. Lannie			Treasurer Name Michael C. Lanni	e	2222	
Street Address 31 Libera Street			Street Address 31 Libera Street			
City Cranston	State RI	2ιρ 02920	Cuy	State RI	^{Zip} 02920	
		ECTORS: ("X" BOX FOR A		ii		
Director Name			Director Name			
Sireei Address		Street Address	Stront Address			
Сиу	State	Zip	Chy	State	Zip	
Director Name	J		Director Name		l	
Street Address		.	Street Address			
				•		
Cuy	State	Zip	City	State	Zip	
9. SHARES AUTHOR	UZED: ("X" BOX FOR	ATTACHMENT) _ 🗆	10. SHARES ISSU	UED: ("X" BOX FOR AT		
	- · · · · ·	, . – <u> </u>	ISSUED SHARES - THIS S	ECTION MUST BE COMPLETED)	
		ne Office of the Secretary of		Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100 shares no par value			
1. This report must l	be executed on behalf	of the corporation by an au	thorized representative	. If the corporation is in	the hands of a receiver or	
		alf of the corporation by t		•		
nder penalty of perjury,	I declare and affirm that	I have examined this report, i	ncluding any accompany	ing schedules and statemer	nts, and that all statements	
ntained hereinfare trufe		·		_/ /		
JIIIIII	TIMU			312612	170	
igndrure	7			Date		
Michael C. Lannie	<i></i>					
'rini or Type Name						
President						
ale			-			

,,,,,

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: <u>www.sos.ri.gov</u>