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

FILED
APR 03 2020
BY 309724

STAMP

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	2. Exact name of the Corporation
94112	**FLEET PLUMBING & HEATING, INC.**

3. Principal Office Address	City	State	Zip
P.O. Box 266	**North Scituate**	**RI**	**02857**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	**Plumbing & Heating Services**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Ann Marie Carbone**	Vice-President Name: **Robert Carbone**
Street Address: **P.O. Box 266**	Street Address: **P.O. Box 266**
City: **North Scituate** State: **RI** Zip: **02857**	City: **North Scituate** State: **RI** Zip: **02857**
Secretary Name: **Ann Marie Carbone**	Treasurer Name: **Robert Carbone**
Street Address: **P.O. Box 266**	Street Address: **P.O. Box 266**
City: **North Scituate** State: **RI** Zip: **02857**	City: **North Scituate** State: **RI** Zip: **02857**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **N/A**	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**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	Date
Ann Marie Carbone, President	✓ 2/29/2020

Signature of Authorized Representative: Ann Marie Carbone 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

FORM 630 - Revised. 10/2017