



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

STAMP

APR 03 2020

BY

30974
[Signature]

1. Entity ID Number 94112		2. Exact name of the Corporation FLEET PLUMBING & HEATING, INC.					
3. Principal Office Address P.O. Box 266				City North Scituate		State RI	Zip 02857
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing & Heating Services					
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 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 <input type="checkbox"/>							
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.				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 Ann Marie Carbone, President						Date 2/29/2020	
Signature of Authorized Representative <i>Ann Marie Carbone</i>						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