RI SOS Filing Number: 202040663850 Date: 5/21/2020 3:10:00 PM

(FF)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

R.I. DEPT. OF STATE BUS SVCS DIV	
2020 MAY 21 PM 3: 09	

1. Entity ID Number	2. Exact nam	ne of the Corporatio	n	<del></del>				
000920016		B MARTEL PLUMBING AND HEATING, INC.						
3. Principal Office Address			City		State	Zip		
22 LAKE STREET			CENTRAL	FALLS	RI	02863		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
238220								
5. State of Incorporation	PLUMBING	AND HEATING RI	EPAIRS AND MA	AINTENANCE				
RI								
7. List ALL officers (names ar	nd addresses)			Che	ck the box to	indicate an attachment		
President Name ROBERT E. MARTEL			Vice-President Name					
Street Address 22 LAKE STREET			Street Addres	Street Address				
City CENTRAL FALLS	State RI	<sup>Zip</sup> <b>02863</b>	City		State	Zip		
Secretary Name	<u>···</u>	<del>,                                </del>	Treasurer Name			<del>,</del>		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)			Che	ck the box to	indicate an attachment		
Director Name ROBERT E. M	ARTEL		Director Name	•				
Street Address 22 LAKE STREET			Street Address					
City CENTRAL FALLS	State RI	Zip 02863	City		State	Zip		
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued Chr		eck the box to indicate an attachment			
This information is currently o	f record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		1,000.00		CNP		\$0.0000		
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	sentative. If the co	rporation is in	the hands of a receiver or		
trustee, this report must be e	xecuted on behalf o	f the corporation by	the receiver or t	rustee,				
Under penaity of perjury, I statements, and that all sta	oeciare and amirm Itements contained	tnat i nave examir. I herein are true ai	nea this report, i nd correct.	including any acc	companying s	schedules and		
Name of Authorized Representative					Date			
ROBERT E. MARTEL					MAY 19, 2020			
Signature of Authorized Repr	resentative +	SIGN DO	CUMENT HER	ILED				
ver c	Money			2 1 2020				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov KL ZIDPS

3:10

FORM 630 - Revised: 10/2017