



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.

1. Entity ID Number 000144025		2. Exact name of the Corporation W.E. Hill Plumbing & Heating, Inc.												
3. Principal Office Address 12 Brookfield Avenue			City Barrington	State RI	Zip 02806									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing & Heating Services												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name William E. Hill			Vice-President Name William E. Hill											
Street Address 12 Brookfield Avenue			Street Address 12 Brookfield Avenue											
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806									
Secretary Name William E. Hill			Treasurer Name William E. Hill											
Street Address 12 Brookfield Avenue			Street Address 12 Brookfield Avenue											
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name William E. Hill			Director Name											
Street Address 12 Brookfield Avenue			Street Address											
City Barrington	State RI	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SER.FS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>120</td> <td>common</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SER.FS	PAR VALUE	120	common	0			
NUMBER OF SHARES	CLASS/SER.FS	PAR VALUE												
120	common	0												
Changes require an additional filing.														
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 William E. Hill				Date 5/19/2020										
Signature of Authorized Representative <i>William E. Hill</i>														

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 29 2020

FILED
 JG5KC

FORM 630 - Revised: 10/2017