



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

**FILED**

**AUG 06 2020 STAMP**

BY 5894

JOA

**Annual Report for the year: 2019**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                      |       |                                                                                                           |                                     |                       |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|---------------------|
| 1. Entity ID Number<br><b>001684165</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>PEAK PLUMBING &amp; HEATING, LLC</b>                 |                                     |                       |                     |
| 3. NAICS Code<br><b>238220</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>PLUMBING CONTRACTOR</b> |                                     |                       |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                   |       |                                                                                                           |                                     |                       |                     |
| 6. Principal Office Address<br><b>53 DUCHESS ROAD</b>                                                                                                                                                |       | City<br><b>CUMBERLAND</b>                                                                                 |                                     | State<br><b>RI</b>    | Zip<br><b>02864</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                           |                                     |                       |                     |
| Contact Name <b>DAVID LABRECHE</b>                                                                                                                                                                   |       |                                                                                                           | Contact Title <b>OWNER/ MANAGER</b> |                       |                     |
| Street Address <b>53 DUCHESS ROAD</b>                                                                                                                                                                |       | City <b>CUMBERLAND</b>                                                                                    |                                     | State <b>RI</b>       | Zip <b>02864</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                           |                                     |                       |                     |
| Manager Name                                                                                                                                                                                         |       |                                                                                                           | Manager Name                        |                       |                     |
| Street Address                                                                                                                                                                                       |       |                                                                                                           | Street Address                      |                       |                     |
| City                                                                                                                                                                                                 | State | Zip <b>02864</b>                                                                                          | City                                | State                 | Zip                 |
| Manager Name                                                                                                                                                                                         |       |                                                                                                           | Manager Name                        |                       |                     |
| Street Address                                                                                                                                                                                       |       |                                                                                                           | Street Address                      |                       |                     |
| City                                                                                                                                                                                                 | State | Zip                                                                                                       | City                                | State                 | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                           |                                     |                       |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                            |       |                                                                                                           |                                     |                       |                     |
| 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 Person<br><b>EDWARD A GEMMA CPA</b>                                                                                                                                               |       |                                                                                                           |                                     | Date<br><b>8/4/20</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                           |                                     | SIGN DOCUMENT HERE    |                     |

**MAIL TO:**

Division of Business Services  
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