



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP
 JAN 28 2021

BY 3108

Annual Report for the year: 2021
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 12315		2. Exact name of the Corporation Smithfield Plumbing & Heating Supply Co., Inc.			
3. Principal Office Address 1 Austin Avenue			City Greenville	State RI	Zip 02828
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island Plumbing & Heating Supply			
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 Aaron W. Colaluca			Vice-President Name Americo Colaluca		
Street Address 1 Austin Avenue			Street Address 1 Austin Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Gina Colaluca			Treasurer Name John L. Pucci		
Street Address 1 Austin Avenue			Street Address 1 Austin Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Americo Colaluca			Director Name		
Street Address 1 Austin Avenue			Street Address		
City Greenville	State RI	Zip 02828	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
			200	Common	No Par
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 Aaron Colaluca					Date 1/15/2021
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov