



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

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.

FILED

FEB 12 2021 STAMP

BY 13042 FOR SECRETARY OF STATE
US ONLY

1. Entity ID Number 000125423		2. Exact name of the Corporation FULLPORT PLUMBING & HEATING, INC.												
3. Principal Office Address 264 Roger Williams Ave			City RUMFORD	State RI	Zip 02916									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INSTALLATION AND REPAIR OF PLUMBING AND HEATING SYSTEMS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name GLEN HAGMAN			Vice-President Name CRAIG R. FINIZIA											
Street Address 201 ROCKY HILL ROAD			Street Address 337 MAURAN AVE											
City REHOBOTH	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914									
Secretary Name Glen E. Hagman			Treasurer Name CRAIG R. FINIZIA											
Street Address 201 Rocky Hill Rd			Street Address 337 MAURAN AVE											
City Rehoboth	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name GLEN E. HAGMAN			Director Name CRAIG R. FINIZIA											
Street Address 201 ROCKY HILL RD			Street Address 337 MAURAN AVENUE											
City REHOBOTH	State MA	Zip 02769	City EAST PROVIDENCE	State RI	Zip 02914									
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>1,000</td> <td>CNP</td> <td>\$0.0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CNP	\$0.0			
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1,000	CNP	\$0.0												
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. <i>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.</i>														
Name of Authorized Representative Glen E Hagman				Date 1-28-2021										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										