RI SOS Filing Number: 202193256990 Date: 2/25/2021 4:00:00 PM State of Rhode Island

## **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

FILEDTAMP
FEB \$ 5 2021
1/2

Entity ID Number	2 Exact nam	2. Exact name of the Corporation					
795380		BARRINGTON PLUMBING AND HEATING, INC.					
3. Principal Office Address			City		State Zip		
3 Fairview Circle			Barrington	n	RI	02806	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
238220	To provide	To provide plumbing and heating services and all other lawful business.					
<ol><li>State of Incorporation Rhode Island</li></ol>							
7. List ALL officers (names a	and addresses)			Chec	k the box to indic	ate an attachment	
President Name James A. Kazounis			Vice-President Name James A. Kazounis				
Street Address 3 Fairview Circle			Street Address 3 Fairview Circle				
City Barrington	State RI	Z <sub>IP</sub> 02806	City Barrin		State RI	Zip 02806	
Secretary Name James A. Kazounis			Treasurer Name James A. Kazounis				
Street Address 3 Fairview Circle			Street Address 3 Fairview Circle				
City Barrington	State RI	Zip 02806	City Barrin		State R1	Zip 02806	
8. List ALL directors (names	and addresses)				k the box to indic	cate an attachment	
Director Name James A. Kazo		-	Director Nar	me Jonathan A. Scung	io		
Street Address 3 Fairview Circle			Street Address 74 Argyle Street				
City Barrington	State RI	Zip 02806	City Cranst		State RI	Zip 02820	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City	<del></del>	State	Zip	
9. Shares Authorized	10. Shares		Sued Chec OF SHARLS CLASS/SER		ck the box to indicate an attachment  PAR VALUE  PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.		800	NUMBER OF SHARES		Common No		
		-					
11. This report must be exectrustee, this report must be	cuted on behalf of the	corporation by an	authorized repr	esentative. If the corp	poration is in the	hands of a receiver or	
Under penalty of perjury, I statements, and that all st	declare and affirm	that I have examir	ed this report	, including any acco	mpanying sche	dules and	
Name of Authorized Repres	entative	increm bie trae bi	id contect.		Date		
James A. Kazounis					2/15/2	1	
Signature of Authorized Rep	resentative				7-7-		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov