State of Rhode Island

## **Department of State - Business Services Division**

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FEB 2 6 2021 2

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2 Evant nam	2. Exact name of the Corporation						
80249		A. GIORGI PLUMBING & HEATING, INC.						
3. Principal Office Address			City	·	State	Zip		
27 Hunters Run				th Providence RI		02904		
4. NAICS Code	6. Brief desc	ription of the charac	ter of business conducted in Rhode Island					
238220		To do plumbing, water, gas and steam fitting of all kinds.						
5. State of Incorporation	10 do pium	onig, water, gas and	a steam mining or	all Kinds.				
Rhode Island								
7. List ALL officers (names ar	nd addresses)				k the box to i	ndicate an attachment		
President Name Anthony J. Giorgi			Vice-President Name Anthony J. Giorgi					
Street Address 27 Hunters Run			Street Address 27 Hunters Run					
City North Providence	State RI	<sup>Zip</sup> 02904	[	<sup>City</sup> North Providence		<sup>Zip</sup> 02904		
Secretary Name Anthony J. Giorgi			Treasurer Name Anthony J. Giorgi					
Street Address 27 Hunters Run			Street Address 27 Hunters Run					
City North Providence	State RI	<sup>Zip</sup> 02904	City North P	rovidence	State RI	<sup>Zip</sup> 02904		
8. List ALL directors (names a	and addresses)	1		Chec	k the box to i	ndicate an attachment 🗖		
Director Name Anthony J. Giorgi			Director Name	Director Name None				
Street Address 27 Hunters Run			Street Address					
City North Providence	State RI	Zip 02904	City		State	Zip		
Director Name None	<del> \</del>	·····	Director Name	Director Name None				
Street Address			Street Address					
City	State	Zip	City	···	State	Zip		
9. Shares Authorized		10. Shares Is	sued			ndicate an attachment		
		F SHARES						
Department of State. Changes require an additional filing.		100	100			No Par Value		
11. This report must be execu					poration is in	the hands of a receiver or		
trustee, this report must be ex Under penalty of perjury, I de	xecuted on behalf o	f the corporation by	the receiver or to	rustee. Including any acco	mnanvino s	chedules and		
statements, and that all sta								
Name of Authorized Represe	ntative				Date	_		
Anthony J. Giorgi					2 ~	22-21		
Signature of Authorized Repr	esentative	CTV	•					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov