



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001667865

**2. Exact Name of the Limited Liability Company** G.W. WAGNER PLUMBING, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

238220

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PLUMBING

**5. Principal Office Address**

No. and Street: 144 FREEBORN AVENUE

City or Town: E. PROVIDENCE

State: RI

Zip: 02914

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: GLENMORE W. WAGNER Contact Title: MANAGER

No. and Street: 144 FREEBORN AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	GLENMORE W. WAGNER	144 FREEBORN AVENUE EAST PROVIDENCE, RI 02914 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

THOMAS H. DIPRETE 2 STAFFORD COURT CRANSTON , RI 02920

**Signed this 1 Day of November, 2021 at 12:48:57 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By THOMAS H DIPRETE, AGENT

Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

November 01, 2021 12:48 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

