



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 26 2023

STAMP

FOR
SECRETARY OF STATE
USE ONLY

133000

1. Entity ID Number 000118420		2. Exact name of the Corporation Phillips Plumbing and Mechanical, Inc.			
3. Principal Office Address 313 WARWICK AVENUE		City Cranston		State RI	Zip 02905
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island To carry out a general plumbing, heating and contracting business in all its branches residential, commercial and industrial			
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 John Phillips			Vice-President Name		
Street Address 21 Aumond Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name John Phillips			Treasurer Name John Phillips		
Street Address 21 Aumond Street			Street Address 21 Aumond Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100		
			CLASS/SERIES		PAR VALUE no par value
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 John Phillips					Date 4/21/2023
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021