



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAIR

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001737685		2. Exact name of the Corporation J.R.E PLUMBING CO INC		2023 MAY -1 A 9:56										
3. Principal Office Address 11 BALDWIN ROAD		City WARWICK		State RI	Zip 02886									
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING SERVICES													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JEREMY ERBAN		Vice-President Name SAME												
Street Address 11 BALDWIN ROAD		Street Address												
City WARWICK	State RI	Zip 02886	City	State	Zip									
Secretary Name SAME		Treasurer Name SAME												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE		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 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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>500</td><td>COMMON</td><td>\$1.00</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	COMMON	\$1.00			
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500	COMMON	\$1.00												
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 JEREMY ERBAN				Date 2/18/2023										
Signature of Authorized Representative 				MAY 01 2023 BY 110										

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: 2/2023