



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2022**

Corporation _____

- 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 000581638		2. Exact name of the Corporation J-MAC PLUMBING AND HEATING, INC.			
3. Principal Office Address 129 GILLAN AVENUE			City WARWICK	State RI	Zip 02886
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING REPAIRS AND MAINTENANCE			
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 JAMES MCCAFFREY			Vice-President Name FREDERICK BAILEY		
Street Address 129 GILLAN AVENUE			Street Address 6 CASTALDI DRIVE		
City WARWICK	State RI	Zip 02886	City JOHNSTON	State RI	Zip 02919
Secretary Name NONE			Treasurer Name NONE		
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 JAMES MCCAFFREY			Director Name		
Street Address 129 GILLAN STREET			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	COMMON	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 JAMES MCCAFFREY					Date 8/21/23
Signature of Authorized Representative 					FILED

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

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