

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Pilling Period: January 1 - March 1 - Filling Fee: \$50.00° · THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ccrd)) is

subject to a penalty fee of \$25.00.			7		(102.0.2. / 1.2-1)01(204)) 5	
1. Corporate ID No. 92774	WestView I	2. Name of Corporation WestView Plumbing & Heating, Inc.				
3. Street Address Principal Business Office 825 West Main Road Unit 5			City Middletown	State RI	^{Ζψ} 02842	
4. Business Phone No. 5. State of Incorporat 401-843-8600 Rhode Island						
6. Brief Description of the Charact Plumbing and heating sec	er of Business Conduc VICOS	ted in Rhode Island				
7. NAMES AND ADDRESS	ES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
Steven J. Doroch						
Street Address 825 West Main Road Unit 5			Street Address			
Gity Middletown	State RI	^{Zip} 02842	City	State	Ζψ	
Secretary Name			Treusurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESS	 ES OF THE DIRE	 CTORS:	: TACHMENT) □ FILL I	 N SPACES BEFORE USH	 NG ATTACHMENTS	
Director Name		•	Director Name		NO THE CHILDREN TO	
Steven J. Doroch						
Street Address			Street Address			
825 West Main Road L	· · · · · · · · · · · · · · · · · · ·		•			
Middletown	State RI	^{Ζφ} 02842	City	State	Ζψ	
Director Name			Director Name			
			Jonetha Hame			
Street Address			Street Address			
City	State	Zip	Clty	State	Zip	
9. SHARES AUTHORIZED	1	1		O ("X" BOX FOR ATTAC	—	
The state of the s			ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				Guasy series		
			25		no par value	
This report must be execute	ed on behalf of th	e corporation by an authorize	d representative. If the	corporation is in the han	ds of a receiver or trustee.	
this report must be execute	d on behalf of the	corporation by the receiver	or trustee.	•	,	
			Under penalty of	perjury, I declare and affirm	that I have examined this repor	
			including any acc	companying schedules and s	tatements, and that all statemen	
202	3-19		contained herein	are true and correct.	12/22/20	
File Date	0 = 1				12/20/10	
Check No	154		Signature		Date	
	mna		Steven J. Doroch			
Ву:	1VIV	<u>_</u> _	Print or Type Name			
FOR SECRETARY OF S	STATE USE ONLY	,	President			
		· ·	Title			