



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the **Secretary of State** - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 137482		2. Exact name of the Corporation S. HEINZ CONSTRUCTION & DESIGN, INC.			
3. Principal office address P.O. Box 354		City Block Island	State RI	Zip 02807	
4. Business Phone No. 401-862-6490		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of general contracting, design and related residential and commercial contracting activities as well as real estate.					
7. LIST ALL OFFICERS (NAME, ADDRESS, CITY, STATE, ZIP) (ATTACHMENT) ☐					
President Name SCOTT D. HEINZ			Vice-President Name SCOTT D. HEINZ		
Street Address P.O. Box 354			Street Address P.O. Box 354		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name SCOTT D. HEINZ			Treasurer Name SCOTT D. HEINZ		
Street Address P.O. Box 354			Street Address P.O. Box 354		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (ATTACHMENT) ☐					
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			10. SHARES ISSUED (ATTACHMENT) ☐		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 Shares	Common	No Par Value

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.

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY **BY**

FILED
MAR 05 2015
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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.

D. Scott Heinz 2/27/15
Signature of Authorized Representative Date

SCOTT D. HEINZ

Print or Type Name of Authorized Representative