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.	2. Exact name of the Corporation
137482	S. HEINZ CONSTRUCTION & DESIGN, INC.

3. Principal office address	City	State	Zip
P.O. Box 354	Block Island	RI	02807

4. Business Phone No.	5. State of Incorporation
401-862-6490	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 (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

President Name	State	Zip	Vice-President Name	State	Zip
SCOTT D. HEINZ			SCOTT D. HEINZ		
Street Address: P.O. Box 354			Street Address: P.O. Box 354		
City: Block Island	RI	02807	City: Block Island	RI	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	RI	02807	City: Block Island	RI	02807

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

Director Name	State	Zip	Director Name	State	Zip
None					
Street Address			Street Address		
City			City		
Director Name			Director Name		
Street Address			Street Address		
City			City		

9. SHARES AUTHORIZED	10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐		
	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.	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

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

Form No. 630
Revised: 01/2012