



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 000019333		2. Exact name of the Corporation ZANELLA PLUMBING & HEATING, INC.			
3. Principal Office Address 34 Oak Street			City Westerly	State RI	Zip 02891
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing and heating contractor			
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 Ronald Zanella			Vice-President Name Denise Heitmann		
Street Address 52 Riidam Way			Street Address 52 Riidam Way		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Denise Heitmann			Treasurer Name Ronald Zanella		
Street Address 52 Riidam Way			Street Address 52 Riidam Way		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald Zanella			Director Name Denise Heitmann		
Street Address 52 Riidam Way			Street Address 52 Riidam Way		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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		
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 Denise Heitmann				Date 1/12/18	
Signature of Authorized Representative <i>Denise Heitmann</i>				SIGN DOCUMENT JAN 18 2018	