RI SOS Filing Number: 201859630170 Date: 3/1/2018 4:00:00 PM

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

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SECRETARY OF STATE
CORPORATION SERVICE
2018 MAR -1 PM 3:34

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.

1. Entity ID Number	2. Exact name of the Corporation
15966	Haven Plumbing & Heating Co., Inc.

3. Principal Office Address	City	State	Zip
2 Urquhart Street	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	Plumbing, Heating and Sewer Work
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Anthony A. D'Arezzo	Paul A. D'Arezzo
Street Address: 29 North Olney Street	Street Address: 2 Urquhart Street
City: Johnston, State: RI, Zip: 02919	City: Cranston, State: RI, Zip: 02920
Secretary Name: Anthony A. D'Arezzo	Treasurer Name: Anthony A. D'Arezzo
Street Address: 29 North Olney Street	Street Address: 29 North Olney Street
City: Johnston, State: RI, Zip: 02919	City: Johnston, State: RI, Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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	Date
Anthony A. D'Arezzo, President	

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAR 01 2018

BY 30265

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

FORM 630 - Revised: 10/2017