(BB)	

State of Rhode Island and Providence Plantations

Department of S	State - Busine	ess Services	Division					
Annual Report for the			21	SJAMP				
Corporation	_		2019	CCIII				
→ Filing period: January 1			JAN	表数en make. でmilled				
→ Filing Fee: \$50.00					z	유지원		
→ Penalty: Additional \$25.0	0 fee if form is no	t filed by April 1.			7	A R C		
Entity ID Number		e of the Corporatio						
000019333	ZANELLA	PLUMBING	& HEATING	i, INC.	Ö			
3. Principal Office Address			City		State —	₹ [™] Zip		
34 Oak Street			Westerly		RI N	_ [¹ 02891		
4. NAICS Code	6. Brief descri	6. Brief description of the character of business conducted in Rhode Island						
238220	Plumbing ar	Plumbing and heating contractor						
5. State of Incorporation	7	-						
RHODE ISLAND	1							
7. List ALL officers (names and	addresses)				he box to inc	dicate an attachment		
President Name Ronald Zanella	Vice-Presiden	Vice-President Name Denise Heitmann						
Street Address 52 Riidam Way			Street Address	Street Address 52 Riidam Way				
City Charlestown	State RI	Zip 02813	City Charles		State RI	Zip 02813		
Secretary Name Denise Heitman	 nn			Treasurer Name Ronald Zanella				
Street Address 52 Riidam Way				Street Address 52 Riidam Way				
City Charlestown	State RI	^{Zip} 02813	City Charles	town	State RI	Zip 02813		
8. List ALL directors (names and	d addresses)			Check t	the box to inc	dicate an attachment		
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 Charles	town	State RI	Z _{IP} 02813		
Director Name		<u> </u>	Director Name	Director Name		l		
Street Address	Street Address	Street Address						
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	<u> </u>	Check t	l he box to inc	licate an attachment		
This information is currently of re	ecord in the	NUMBER O		CLASS/SERIES	1	PAR VALUE		
Department of State.		2000		Common		None		
Changes require an additional filing.								
11. This report must be execute					ation is in th	e hands of a receiver o		
trustee, this report must be exe Under penalty of perjury, I de	cuted on behalf of	the corporation by	the receiver or to	rustee.		hadulaa aad		
statements, and that all state				ncidaling any accom	panying sci /	ledules and		
Name of Authorized Represent	ative,		FILED		Date			
MONALP L.Y	ANELLA	· 		·	1///5	130/9		
Signature of Authorized Repres	entative	SIGN DO	CHAMP!	259×2	//			
MAIL EX			and Immedia	2				

MAIL 70: Division of Business Services 148 W. River Street/ Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov