



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

FILED

JAN 30 2020 02

1053

Annual Report for the year: 2020
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 116056		2. Exact name of the Corporation Heritage Restoration, Inc.			
3. Principal Office Address 8 Robin Street		City Providence		State RI	Zip 02908
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Restoration of existing real estate.			
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 Robert J. Cagnetta			Vice-President Name Robert J. Cagnetta		
Street Address 8 Robin Street			Street Address same		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Robert J. Cagnetta			Treasurer Name Robert J. Cagnetta		
Street Address same as above			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Cagnetta			Director Name		
Street Address same			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 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
			52	common	none
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 Robert J. Cagnetta				Date 1/6/20	
Signature of Authorized Representative 				SIGN DECLARATION HERE	

MAIL TO:
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