



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 42046		2. Exact name of the Corporation EDWARD C. SILVIA PLUMBING AND HEATING, INC.												
3. Principal Office Address 275 OLIPHANT LANE		City MIDDLETOWN	State RI	Zip 02842										
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING SERVICES													
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 EDWARD C. SILVIA, JR.			Vice-President Name EDWARD C. SILVIA, JR.											
Street Address 32 JAMES FRANCIS TERRACE			Street Address 32 JAMES FRANCIS TERRACE											
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842									
Secretary Name EDWARD C. SILVIA, JR.			Treasurer Name EDWARD C. SILVIA, JR.											
Street Address 32 JAMES FRANCIS TERRACE			Street Address 32 JAMES FRANCIS TERRACE											
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name EDWARD C. SILVIA, JR.			Director Name NONE											
Street Address 32 JAMES FRANCIS TERRACE			Street Address NONE											
City MIDDLETOWN	State RI	Zip 02842	City NONE	State NONE	Zip NONE									
Director Name NONE			Director Name NONE											
Street Address NONE			Street Address NONE											
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NO PAR VALUE			
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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 EDWARD C. SILVIA, JR.				Date X 1-28-2020										
Signature of Authorized Representative <i>Edward C. Silvia Jr.</i>				FILED SIGN DOCUMENT HERE IAN 31 2020 <i>ICM</i>										

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

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