



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

FILED

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BY 7865
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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 <u>000020631</u>		2. Exact name of the Corporation <u>Block Island Plumbing & Heating INC.</u>			
3. Principal Office Address <u>1009 Spring St. Box 1787</u>			City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>
4. NAICS Code <u>238220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Plumbing and heating installation and service.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>David H. Schaller</u>			Vice-President Name <u>Susan C. Schaller</u>		
Street Address <u>Po Box 1787 Spring St.</u>			Street Address <u>Po Box 1787 Spring St.</u>		
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>
Secretary Name <u>Susan C. Schaller</u>			Treasurer Name <u>David H. Schaller</u>		
Street Address <u>Po Box 1787 Spring St.</u>			Street Address <u>Po Box 1787 Spring St.</u>		
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>David H. Schaller</u>			Director Name <u>Susan C. Schaller</u>		
Street Address <u>Po Box 1787 Spring St.</u>			Street Address <u>Po Box 1787 Spring St.</u>		
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>No par value</u>
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 <u>Susan C. Schaller</u>					Date <u>1/31/20</u>
Signature of Authorized Representative <u>Susan C. Schaller</u>					

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