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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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	2. Exact name of the Corporation
25056	LUSO PLUMBING AND HEATING, INC.

3. Principal Office Address	City	State	Zip
82 VINEYARD AVENUE	CUMBERLAND	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	GENERAL BUSINESS OF INSTALLATION OF PLUMBING AND HEATING
5. State of Incorporation: RHODE ISLAND	

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

President Name: LINDA M. MARTINS			Vice-President Name: CARLOS G. MARTINS		
Street Address: 82 VINEYARD AVENUE			Street Address: 82 VINEYARD AVENUE		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864
Secretary Name: CARLOS G. MARTINS			Treasurer Name: JOSE F. RODRIGUES		
Street Address: 82 VINEYARD AVENUE			Street Address: 27 HOWE STREET		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864

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

Director Name: LINDA M. MARTINS			Director Name: CARLOS G. MARTINS		
Street Address: 82 VINEYARD AVENUE			Street Address: 82 VINEYARD AVENUE		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864
Director Name: JOSE F. RODRIGUES			Director Name: NONE		
Street Address: 27 HOWE STREET			Street Address:		
City: CUMBERLAND	State: RI	Zip: 02864	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
200	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
LINDA M. MARTINS	3/30/2020

Signature of Authorized Representative

X Linda M. Martins SIGN DOCUMENT HERE

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