



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.

FILED

MAY 27 2020

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1. Entity ID Number 000796589		2. Exact name of the Corporation BERMUDEZ PLUMBING AND HEATING INC			
3. Principal Office Address 132 GREENSLIT AVENUE			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING				
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 NICOLAS BERMUDEZ			Vice-President Name DIEGO ROJAS		
Street Address 165 GREENSLIT AVENUE			Street Address 132 GREENSLIT AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			Director Name		
Street Address			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 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 <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES STK	PAR VALUE 0.001
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 NICOLAS BERMUDEZ				Date 04/02/2020	
Signature of Authorized Representative <i>Nicolas A. Berme</i> SIGN DOCUMENT HERE					