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

FILED
JAN 15 2021
BY 3316

Annual Report for the year: 2021
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
45096	CAVACO BROTHERS PLUMBING & HEATING, INC.

3. Principal Office Address	City	State	Zip
93 Bentley Street	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	Install plumbing and heating, new construction and repair, buy and sell all materials
5. State of Incorporation: RHODE ISLAND	

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

President Name: Joseph M. Cavaco			Vice-President Name: James W. Cavaco		
Street Address: 5 Third Street			Street Address: 93 Bentley Street		
City: BARRINGTON	State: RI	Zip: 02806	City: EAST PROVIDENCE	State: RI	Zip: 02914
Secretary Name: James W. Cavaco			Treasurer Name: Joseph M. Cavaco		
Street Address: 93 Bentley Street			Street Address: 5 Third Street		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: BARRINGTON	State: RI	Zip: 02806

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

Director Name: NONE			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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
150	COMMON	NO PAR

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: JOSEPH M. CAVACO
Date: 1-13-2021

Signature of Authorized Representative: Joseph M. Cavaco 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