



State of Rhode Island

Department of State - Business Services Division

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.

FILED

JAN 18 2021

0215

STAMP

FOR
FURNISHING TO STATE
USE ONLY

1. Entity ID Number 000137482		2. Exact name of the Corporation HEINZ GROUP, INC.			
3. Principal Office Address P.O. Box 354			City Block Island		State RI
					Zip 02807
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING, DESIGN & RELATED RESIDENTIAL AND COMMERCIAL CONTRACTING AS WELL AS REAL ESTATE			
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 SCOTT D. HEINZ			Vice-President Name SCOTT D. HEINZ		
Street Address P.O. Box 354			Street Address P.O. Box 354		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name SCOTT D. HEINZ			Treasurer Name SCOTT D. HEINZ		
Street Address P.O. Box 354			Street Address P.O. Box 354		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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			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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100 SHARES	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 SCOTT D. HEINZ				Date 1.8.21	
Signature of Authorized Representative D. Scott Heinz					

MAIL TO:

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