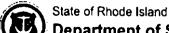
RI SOS Filing Number: 202187445050 Date: 1/18/2021 4:00:00 PM



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





1. Entity ID Number	2 Evad nan	o of the Compretie	<u> </u>	_			
000137482		2. Exact name of the Corporation HEINZ GROUP, INC.					
	TIEINZ GRO	JOP, INC.					
3. Principal Office Address			City		State	Zip	
P.O. Box 354			Block Islan	ıd	RI	02807	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
238990	GENERAL	GENERAL CONTRACTING, DESIGN & RELATED RESIDENTIAL AND COMMERCIAL					
5. State of Incorporation	CONTRAC	CONTRACTING AS WELL AS REAL ESTATE					
RHODE ISLAND							
7. List ALL officers (names and	d addresses)			Cho	ak tha hay ta i	indicate an attachment 🔲	
President Name SCOTT D. HE	Vice-Preside	Check the box to indicate an attachment ☐ Vice-President Name SCOTT D. HEINZ					
SCOTT D. HE							
Street Address P.O. Box 354	Street Address P.O. Box 354						
City Block Island	State RI	^{Zip} 02807	City Block Island		State RI	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	State RI Zip 02807	
8. List ALL directors (names a	nd addresses)	 -		Che	ck the box to	indicate an attachment	
Director Name			Director Nan	ne			
Street Address			Street Address				
Oli COL Addiess			Sileet Addre	55			
City	State	Zip	City		State	Zip	
Director Name			Director Nan	Director Name			
Character Addition			<u> </u>	- -			
Street Address			Street Address				
City	State	Zip	Cily	<u>.</u>	State	Zip	
9. Shares Authorized			Sued Check the box to indicate an attachment F SHARES CLASS/SERIES PAR VALUE				
Department of State.		100 SHAR		· "			
Changes require an additional filing.		100 SHAR	ယ	COMMON		NO PAR VALUE	
Changes require an additional r	ning.						
11. This report must be execut	ted on behalf of the	corporation by an	authorized repri	_l esentative. If the co	rporation is in	the hands of a receiver or	
trustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or	trustee.			
Under penalty of perjury, I d	eclare and affirm	that I have examir	ned this report,	including any acc	ompanying s	chedules and	
statements, and that all state Name of Authorized Represen		nerein are true a	na correct.		(Date >		
SCOTT D. HEINZ				1.8.21			
Signature of Authorized Repre	sentative				<u> </u>	-	
D.Scort	Hemz						

MAIL TO:

(Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov