most

State of Rhode Island

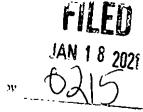
## **Department of State - Business Services Division**

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.





1. Entity ID Number	2 Evact nam	a of the Compretie					
000137482		2. Exact name of the Corporation HEINZ GROUP, INC.					
	HEINZ GRO	OUP, INC.					
3. Principal Office Address			City		State	Zip	
P.O. Box 354			Block Island	i	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 ar	nd addresses)		· · · · · · · · · · · · · · · · · · ·	Check	the box to i	ndicate an attachment	
President Name SCOTT D. HI	Vice-President Name SCOTT D. HEINZ						
Street Address P.O. Box 354	Street Address P.O. Box 354						
City Block Island	State RI	Zip <sub>02807</sub>	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	<sup>Zip</sup> 02807	City Block Island		State RI	State RI Zip 02807	
8. List ALL directors (names	and addresses)	<u> </u>			the box to i	ndicate an attachment	
Director Name			Director Name				
0							
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			
			OF SHARES CLASS/SERIES PAR VALUE				
Department of State.		100 SHARES		COMMON		NO PAR VALUE	
Changes require an additional	filing.				· · · · · · · · · · · · · · · · · · ·		
11. This report must be execu	uted on behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in	the hands of a receiver or	
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							
Signature of Authorized Repr	esentative				<del>`</del>	· <del>- · · · · · · · · · · · · · · · · · ·</del>	
D.Suy	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