



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 04 2021

BY 8135 DS

- 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 <u>20631</u>		2. Exact name of the Corporation <u>Block Island PLUMBING & HEATING INC.</u>			
3. Principal Office Address <u>SPRING ST. PO BOX 1787</u>		City <u>Block Island</u>		State <u>RI</u>	Zip <u>02807</u>
4. NAICS Code <u>238220</u>		6. Brief description of the character of business conducted in Rhode Island <u>plumbing and heating installation + service</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>DAVID H. SCHALLER</u>			Vice-President Name <u>SUSAN C. SCHALLER</u>		
Street Address <u>1009 SPRING ST.</u>			Street Address <u>1009 SPRING ST.</u>		
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>
Secretary Name <u>SUSAN C. SCHALLER</u>			Treasurer Name <u>DAVID H. SCHALLER</u>		
Street Address <u>1009 SPRING ST.</u>			Street Address <u>1009 SPAINING ST.</u>		
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>DAVID H. SCHALLER</u>			Director Name <u>SUSAN C. SCHALLER</u>		
Street Address <u>1009 SPRING ST.</u>			Street Address <u>1009 SPRING ST.</u>		
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>
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		
			<u>100</u>		
			<u>COMMON</u>		
			<u>NO PAR VALUE</u>		
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. <u>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.</u>					
Name of Authorized Representative <u>SUSAN C. SCHALLER, Vice Pres</u>					Date <u>1/28/2021</u>
Signature of Authorized Representative <u>Susan C. Schaller</u>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov