State of Rhode Island

Department of State - Business Services Division

FILED

FEB 04 2021

BY 8135 DS

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			
20631	Block Island Plumbing & Heating Inc.			
3. Principal Office Address		City	State	Zip
Spring St. PO Box 1787		Block Island	RI	02807
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238220	plumbing and heating installation + service			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
David H. Schaller			Susan C. Schaller		
Street Address			Street Address		
1009 Spring St.			1009 Spring St.		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807
Secretary Name			**Treasurer Name**		
Susan C Schaller			David H. Schaller		
Street Address			Street Address		
1009 Spring St			1009 Spaing St.		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807

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

Director Name			Director Name		
David H Schaller			Susan C. Schaller		
Street Address			Street Address		
1009 Spring St.			1009 Spring St.		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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	Date
Susan C. Schaller, Vice Pres	1/28/2021

Signature of Authorized Representative

Susan C. Schaller

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: 08/2020