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.

Amended

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 FEB 4 AM 9:3

1. Entity ID Number	2. Exact name of the Corporation			
530453	EVERGREEN PLUMBING & HEATING CO., INC dba EVERGREEN SERVICES			
3. Principal Office Address		City	State	Zip
2 EVERGREEN AVE		WARWICK	RI	02888
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238220	HVAC, PLUMBING			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
JOHN M. MASTROIANNI			GIUSEPPE MASTROIANNI		
Street Address			Street Address		
2 EVERGREEN AVE			2 EVERGREEN AVE		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
RALPH LONARDO			PETER NERI		
Street Address			Street Address		
2 EVERGREEN AVE			2 EVERGREEN AVE		
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		0

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: JOHN M. MASTROIANNI

Date: 1/28/21

Signature of Authorized Representative: John M. Mastroianni

FILED
FEB 04 2021
BY 4HB49

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