



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.

FILED

FEB 03 2021

BY 21633

1. Entity ID Number 112052		2. Exact name of the Corporation Capitol Plumbing and Heating Services, Inc.												
3. Principal Office Address 124 Abbott Run Valley Road			City Cumberland	State RI	Zip 02864									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PLUMBING AND HEATING SUPPLIES AND SERVICES TO THE GENERAL PUBLIC												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Donald Dextradeur			Vice-President Name Vacant											
Street Address 124 Abbott Run Valley Road			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Secretary Name Cheryl Dextradeur			Treasurer Name Cheryl Dextradeur											
Street Address 124 Abbott Run Valley Road			Street Address 124 Abbott Run Valley Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Donald Dextradeur			Director Name											
Street Address 124 Abbott Run Valley Road			Street Address											
City Cumberland	State RI	Zip 02864	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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	COMMON	NO PAR			
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10	COMMON	NO PAR												
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 DONALD DEXTRADEUR				Date 1/15/2021										
Signature of Authorized Representative 														