



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 03 2021

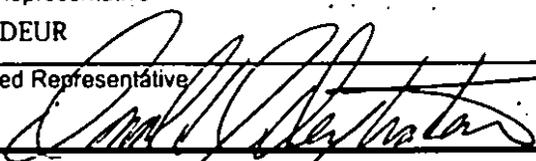
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Annual Report for the year: 2021

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 21693

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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <i>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.</i>					
Name of Authorized Representative DONALD DEXTRADEUR					Date 1/15/2021
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov