RI SOS Filing Number: 202190174530 Date: 2/3/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED STAMP
FEB 03 2021
BY 8524

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		
42046	EDWARD C. SILVIA PLUMBING AND HEATING, INC.		
3. Principal Office Address	City	State	Zip
275 OLIPHANT LANE	MIDDLETOWN	RI	02842
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238220	PLUMBING AND HEATING SERVICES		
5. State of Incorporation			
RHODE ISLAND			

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

President Name: EDWARD C. SILVIA, JR.			Vice-President Name: EDWARD C. SILVIA, JR.		
Street Address: 32 JAMES FRANCIS TERRACE			Street Address: 32 JAMES FRANCIS TERRACE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Secretary Name: EDWARD C. SILVIA, JR.			Treasurer Name: EDWARD C. SILVIA, JR.		
Street Address: 32 JAMES FRANCIS TERRACE			Street Address: 32 JAMES FRANCIS TERRACE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842

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

Director Name: EDWARD C. SILVIA, JR.			Director Name: NONE		
Street Address: 32 JAMES FRANCIS TERRACE			Street Address: NONE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: NONE	State: NONE	Zip: NONE
Director Name: NONE			Director Name: NONE		
Street Address: NONE			Street Address: NONE		
City: NONE	State: NONE	Zip: NONE	City: NONE	State: NONE	Zip: NONE

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.	200	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
EDWARD C. SILVIA, JR.	X 1-29-21

Signature of Authorized Representative

X Edward C. Silvia Jr.

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