



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.

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BUS SVCS DIV
2021 FEB -5 PM 1:44

STAMP

1. Entity ID Number 000005834		2. Exact name of the Corporation BERT FERRAGAMO PLUMBING & HEATING CO., INC.									
3. Principal Office Address 10 RACHELA STREET			City JOHNSTON	State RI	Zip 02919						
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND RESIDENTIAL PLUMBING AND HEATING									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name BERT P FERRAGAMO			Vice-President Name BERT P FERRAGAMO								
Street Address 24 DEERFIELD DRIVE			Street Address 24 DEERFIELD DRIVE								
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857						
Secretary Name BERT P FERRAGAMO			Treasurer Name BERT P FERRAGAMO								
Street Address 24 DEERFIELD DRIVE			Street Address 24 DEERFIELD DRIVE								
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name BERT P FERRAGAMO			Director Name								
Street Address 24 DEERFIELD DRIVE			Street Address								
City NORTH SCITUATE	State RI	Zip 02857	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>CNP</td> <td>\$0.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	CNP	\$0.0000
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
500	CNP	\$0.0000									
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 BERT P FERRAGAMO					Date 2/3/21						
Signature of Authorized Representative 											

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020