



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
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  
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2021 FEB -5 PM 1:44

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES 500	
		CLASS/SERIES CNP	PAR VALUE \$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 <i>Bert P Ferragamo</i>			

FILED

FEB 05 2021

 REVISIP  
 A.A. 1:45 PM

 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