DI COC Eiling Number: 202100172200 Doto: 2/5/2021 1:45:00 DM

Department of State - Busine annual Report for the year: Corporation		.00 00111000	BUS SYCS DIV		IESTA MP	
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25 		it filed by April 1.	2021 FE	B-5 PM 1:1	+4	
. Entity ID Number	2. Exact nam	e of the Corporatio	n		-	
000005834	BERT FERR	BERT FERRAGAMO PLUMBING & HEATING CO., INC.				
3. Principal Office Address 10 RACHELA STREET			City JOHNSTON	State RI	Zip 02919	
NAICS Code	6. Bnef descr	iption of the charac	ter of business conducted in Rhod	e Island	<u> </u>	
238220	COMMERC	COMMERCIAL AND RESIDENTIAL PLUMBING AND HEATING				
. State of Incorporation						
. List ALL officers (names an	d addresses)		Che	ck the box to indic	ate an attachment	
President Name BERT P FERRAGAMO			Vice-President Name BERT P FERRAGAMO			
Street Address 24 DEERFIELD DRIVE			Street Address 24 DEERFIELD DRIVE			
treet Address 24 DEERFIELI) DRIVE		Street Address 24 DEERFIELD			
24 DEERFIELI 	O DRIVE State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857	
24 DEERFIELI STY NORTH SCITUATE	State RI	^{Zip} 02857		State RI	Zip 02857	
NORTH SCITUATE ecretary Name BERT P FERR	State RI	^{Zip} 02857	City NORTH SCITUATE	State RI AGAMO	Zip 02857	
24 DEERFIELI ONLY NORTH SCITUATE ONLY NAME BERT P FERF treet Address 24 DEERFIELI	State RI	Zip 02857	City NORTH SCITUATE Treasurer Name BERT P FERRA Street Address	State RI AGAMO	^{Zip} 02857	
24 DEERFIELT IT NORTH SCITUATE ECCRETARY Name BERT P FERR Treet Address 24 DEERFIELE IT NORTH SCITUATE List ALL directors (names a	State RI RAGAMO D DRIVE State RI		City NORTH SCITUATE Treasurer Name BERT P FERRA Street Address 24 DEERFIELD City NORTH SCITUATE Che	State RI AGAMO DRIVE State RI		
NORTH SCITUATE BERT P FERE treet Address 24 DEERFIELI TY NORTH SCITUATE List ALL directors (names a	State RI RAGAMO D DRIVE State RI and addresses)		City NORTH SCITUATE Treasurer Name BERT P FERRA Street Address 24 DEERFIELD City NORTH SCITUATE	State RI AGAMO DRIVE State RI	Zip 02857	
NORTH SCITUATE BERT P FERE Street Address 24 DEERFIELE Street Address 24 DEERFIELE Street Address 24 DEERFIELE Street Address 26 DEERFIELE Street Address 26 DEERFIELE Street Address 27 DEERFIELE BERT P FERE BERT P FERE	State RI RAGAMO D DRIVE State RI and addresses) AGAMO D DRIVE		City NORTH SCITUATE Treasurer Name BERT P FERRA Street Address 24 DEERFIELD City NORTH SCITUATE Che	State RI AGAMO DRIVE State RI	Zip 02857	
NORTH SCITUATE BERT P FERE Street Address 24 DEERFIELD City NORTH SCITUATE B. List ALL directors (names a birector Name BERT P FERE BERT P FERE Street Address 24 DEERFIELD	State RI RAGAMO D DRIVE State RI and addresses) AGAMO		City NORTH SCITUATE Treasurer Name BERT P FERRA Street Address 24 DEERFIELD City NORTH SCITUATE Che	State RI AGAMO DRIVE State RI	Zip 02857	
24 DEERFIELD City NORTH SCITUATE Secretary Name BERT P FERE Street Address 24 DEERFIELD City NORTH SCITUATE 3. List ALL directors (names a birector Name)	State RI RAGAMO D DRIVE State RI and addresses) AGAMO D DRIVE	Zip 02857	City NORTH SCITUATE Treasurer Name BERT P FERRA Street Address 24 DEERFIELD City NORTH SCITUATE Che Director Name Street Address	State RI AGAMO DRIVE State RI eck the box to indic	Zip 02857 cate an attachment	
24 DEERFIELD City NORTH SCITUATE BERT P FERE City NORTH SCITUATE City NORTH SCITUATE B. List ALL directors (names a birector Name BERT P FERE City NORTH SCITUATE City NORTH SCITUATE	State RI RAGAMO D DRIVE State RI and addresses) AGAMO D DRIVE	Zip 02857	City NORTH SCITUATE Treasurer Name BERT P FERRA Street Address 24 DEERFIELD City NORTH SCITUATE Che Director Name Street Address City	State RI AGAMO DRIVE State RI eck the box to indic	Zip 02857 cate an attachment	

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

NUMBER OF SHARES

500

statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Changes require an additional filing.

BERT P FERRAGAMO

Department of State.

Signature of Authorized Representative

This information is currently of record in the

FILED

CNP

C_ASS/SERIES

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 5 2021

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