



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.

FILED

FEB 05 2021

BY

By 64

1. Entity ID Number 001670448		2. Exact name of the Corporation Stephen P. Osella Plumbing Inc.												
3. Principal Office Address 13 Elm St.			City Ashaway		State RI.									
			Zip 02804											
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing Installation and Repair												
5. State of Incorporation RI.														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Stephen P. Osella			Vice-President Name											
Street Address 13 Elm St.			Street Address											
City Ashaway	State RI.	Zip 02804	City	State	Zip									
Secretary Name			Treasurer Name Stephen Osella											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Stephen Osella			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		0			
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0		0												
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 Stephen P. Osella				Date 2-1-2021										
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