



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 12 2021

B' 2014 OS

1. Entity ID Number 756137		2. Exact name of the Corporation Sal Manzi & Son Plumbing & Heating, Inc.			
3. Principal Office Address 75 Whispering Pines Drive			City Cranston	State RI	Zip 02921
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island TO DO PLUMBING, WATER, GAS AND STEAM FITTING OF ALL KINDS.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael Manzi			Vice-President Name Salvatore Manzi		
Street Address 75 Whispering Pines Drive			Street Address 75 Whispering Pines Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Salvatore Manzi			Treasurer Name Michael Manzi		
Street Address 75 Whispering Pines Drive			Street Address 75 Whispering Pines Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michael Manzi			Director Name None		
Street Address 75 Whispering Pines Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	
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. <b>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.</b>					
Name of Authorized Representative Michael Manzi					Date 2/7/21
Signature of Authorized Representative 					