



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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 FEB 23 2021
 E-2156 JS

1. Entity ID Number 000003814		2. Exact name of the Corporation Statewide Plumbing & Heating Co., Inc.				
3. Principal Office Address 160 North View Avenue			City Cranston	State RI	Zip 02920	
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing and heating service and repair and drain cleaning				
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 Philip J. Mangione			Vice-President Name Carlos Cardeal			
Street Address 55 Cricket Circle			Street Address 16 Douglas Circle			
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864	
Secretary Name Donna M. Mangione			Treasurer Name Michael Moreira			
Street Address 55 Cricket Circle			Street Address 126 Dexter Street			
City East Greenwich	State RI	Zip 02818	City Cumberland	State RI	Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name Philip J. Mangione			Director Name Donna M. Mangione			
Street Address 55 Cricket Circle			Street Address 55 Cricket Circle			
City East Greenwich	State	Zip	City East Greenwich	State	Zip	
Director Name Anthony L. Emma			Director Name Carlos Cardeal			
Street Address 30 DeSano Drive			Street Address 16 Douglas Circle			
City Narragansett	State RI	Zip 02882	City Cumberland	State RI	Zip 02864	
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE	
			510 - Class A Voting		Common	No Par
			490 Class B Nonvoting		Common	No Par
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 Donna M. Mangione					Date 2-18-2021	
Signature of Authorized Representative <i>Donna M. Mangione</i>						

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov