



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
STAMP
FEB 26 2021
 BY 10837 *or*

1. Entity ID Number 000328401		2. Exact name of the Corporation Tom Peters Plumbing & Heating Inc.												
3. Principal Office Address 68 Soares Drive			City Portsmouth	State RI	Zip 02871									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing and Heating												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Kenneth T. Peters			Vice-President Name											
Street Address 68 Soares Drive			Street Address											
City Portsmouth	State RI	Zip 02871	City	State	Zip									
Secretary Name Laura Peters			Treasurer Name Laura Peters											
Street Address 68 Soares Drive			Street Address 68 Soares Drive											
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	0			
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1000	CNP	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 <i>Laura Peters</i>				Date 2-24-2021										
Signature of Authorized Representative <i>Laura Peters</i>														