



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

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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIALS
			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. <i>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.</i>					
Name of Authorized Representative Laura Peters				Date 2-24-2021	
Signature of Authorized Representative Laura Peters					

MAIL TO:  
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