



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

MAR 05 2021

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                                     |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|------------------------|
| 1. Corporate ID No.<br>112398                                                                                                                              |             | 2. Name of Corporation<br>CREATIVE Plumbing & Heating INC           |                        |
| 3. Street Address: Principal Business Office<br>7 Cummings Rd.                                                                                             |             | City<br>NPT                                                         | State<br>RI            |
| 4. Business Phone No.<br>401-246-0397 / 401-864-1609                                                                                                       |             | 5. State of Incorporation<br>RI                                     |                        |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Plumbing and Heating (255000)                                               |             |                                                                     |                        |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                                     |                        |
| President Name<br>Arthur Tasso                                                                                                                             |             | Vice President Name                                                 |                        |
| Street Address<br>7 Cummings Rd                                                                                                                            |             | Street Address                                                      |                        |
| City<br>NPT                                                                                                                                                | State<br>RI | City                                                                | State                  |
| Zip<br>02840                                                                                                                                               |             | Zip                                                                 |                        |
| Secretary Name                                                                                                                                             |             | Treasurer Name                                                      |                        |
| Street Address                                                                                                                                             |             | Street Address                                                      |                        |
| City                                                                                                                                                       | State       | City                                                                | State                  |
| Zip                                                                                                                                                        |             | Zip                                                                 |                        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                                     |                        |
| Director Name                                                                                                                                              |             | Director Name                                                       |                        |
| Street Address                                                                                                                                             |             | Street Address                                                      |                        |
| City                                                                                                                                                       | State       | City                                                                | State                  |
| Zip                                                                                                                                                        |             | Zip                                                                 |                        |
| Director Name                                                                                                                                              |             | Director Name                                                       |                        |
| Street Address                                                                                                                                             |             | Street Address                                                      |                        |
| City                                                                                                                                                       | State       | City                                                                | State                  |
| Zip                                                                                                                                                        |             | Zip                                                                 |                        |
| 9. SHARES AUTHORIZED                                                                                                                                       |             | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |
|                                                                                                                                                            |             | Number of Shares<br>1000                                            | Class/Series<br>Common |
|                                                                                                                                                            |             | Par Value<br>NO-PAR                                                 |                        |

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.

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature: Arthur Tasso Date: 3-3-21

Print or Type Name: OWNER

Title: \_\_\_\_\_