



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 APR -5 PM 12:27

1. Entity ID Number 105068		2. Exact name of the Corporation Coastal Plumbing Service, Inc			
3. Principal Office Address 21 Periwinkle Drive East			City Wakefield	State RI	Zip 02879
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island The operation of a plumbing business offering plumbing installation, repairs and maintenance service			
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 Glen H. Anderson, Jr.			Vice-President Name None		
Street Address 21 Periwinkle Drive East			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Tracey L. Anderson			Treasurer Name Glen H. Anderson, Jr.		
Street Address 21 Periwinkle Drive East			Street Address 21 Periwinkle Drive East		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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		CLASS/SERIES	
		PAR VALUE			
		50	Commom	\$0.00	
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 Glenn H. Anderson, Jr, President				Date 3/29/21	
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov