



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2021 - Amended 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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 MAY 6 P 2:41

1. Entity ID Number <b>00003814</b>		2. Exact name of the Corporation <b>Statewide Plumbing &amp; Heating Co., Inc.</b>			
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 <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Carlos Cardeal</b>			Vice-President Name <b>Michael Moreira</b>		
Street Address 16 Douglas Circle			Street Address 126 Dexter Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name <b>Carlos Cardeal</b>			Treasurer Name <b>Michael Moreira</b>		
Street Address 16 Douglas Circle			Street Address 126 Dexter Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Carlos Cardeal</b>			Director Name <b>Michael Moreira</b>		
Street Address 16 Douglas Circle			Street Address 126 Dexter Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name <b>Anthony L. Emma</b>			Director Name		
Street Address 30 DeSano Drive			Street Address		
City Narragansett	State RI	Zip 02882	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/SERIES	
		510 - Class A Voting		Common	
		490 Class B Nonvoting		Common	
				PAR VAL UF	
				No Par	
				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.					
<b>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.</b>					
Name of Authorized Representative <b>Michael Moreira</b>				Date <b>5/4/21</b>	
Signature of Authorized Representative <i>Michael Moreira</i>				<b>FILED</b> <b>MAY 06 2021</b>	

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

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 06, 2021 02:41 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

