RI SOS Filing Number: 202199378560 Date: 7/15/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

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.

'JUL 1 5 2021

1. Entity ID Number	2. Exact pag	ne of the Corporation	nn				
000092774		WestView Plumbing and Heating, Inc.					
3. Principal Office Address			City		State	Zip	
741 West Main Road Unit 2			Middletown		RI	02842	
4. NAICS Code				ducted in Rhode Islan	nd		
238220	General bu	isiness of installa	tion of plumbing a	nd heating			
5. State of Incorporation							
RI							
7. List ALL officers (names a	nd addresses)		1.5 2		box to indi	cate an attachment 🔲	
President Name Steven J Doroch			Vice-President Name				
Street Address 741 West Main Road Unit 2			Street Address				
^{City} Middletown	State RI	^{Zip} 02842	City	5	State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	S	State	Zip	
8. List ALL directors (names	and addresses)			Check the	box to indi	cate an attachment	
Director Name Steven J Dor	roch		Director Name		-		
Street Address 741 West Main Road Unit 2			Street Address				
City Middletown	State RI	^{Zip} 02842	City	[5	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	[5	State	Zip	
9. Shares Authorized		10.051-	1	Ok ='-1: 42			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Is	SUEO OF SHARES	Check the CLASS/SERIES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
		750	750		\$0.00		
				··· · · · · · · · · · · · · · · · ·			
11. This report must be exec	uted on behalf of the	corporation by an	authorized represen	tative. If the corporati	on is in the	hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I	executed on behalf or declare and affirm	f the corporation by	the receiver or trust	lee. Juding any accompa	nvina sch	adulas and	
statements, and that all sta	atements contained	I herein are true a	nd correct.				
Name of Authorized Representative					Date		
Steven J Doroch					July 9, 2021		
Signature of Authorized Rep	resentative	9					
	4 1 1	A					
MAIL TO:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov