



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.

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

STAMP

1. Entity ID Number <b>001692453</b>		2. Exact name of the Corporation <b>Matthew Haczynski Inc.</b>		2021 JUL 21 P 1:26										
3. Principal Office Address <b>64 old snake hill Rd</b>		City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>										
4. NAICS Code <b>238220</b>	6. Brief description of the character of business conducted in Rhode Island <b>New Construction &amp; Service Plumbing &amp; Heating</b>													
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>Matthew Haczynski</b>			Vice-President Name											
Street Address <b>64 old snake hill Rd</b>			Street Address											
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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>Gary Fortin</b>			Director Name											
Street Address <b>9 C Justin Circle</b>			Street Address											
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1,000</b></td> <td></td> <td><b>0</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1,000</b>		<b>0</b>			
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<b>1,000</b>		<b>0</b>												
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>Matthew Haczynski</b>				Date <b>7-21-21</b>										
Signature of Authorized Representative <b>[Signature]</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

JUL 21 2021

BY

**[Signature]**

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