



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year: 2022

2022 MAY 18 A 8:37

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000056221</u>		2. Exact name of the Corporation <u>Cinco Plumbing & Heating, Inc</u>	
3. Principal Office Address <u>404 Franklin Rd</u>		City <u>Coventry</u>	State <u>RI</u>
4. NAICS Code <u>238220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Plumbing & Heating installation</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joseph Cinco</u>		Vice-President Name <u>Donna Cinco</u>	
Street Address <u>404 Franklin Rd</u>		Street Address <u>404 Franklin Rd</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02814</u>		Zip <u>02814</u>	
Secretary Name <u>Donna Cinco</u>		Treasurer Name <u>Joseph Cinco</u>	
Street Address <u>404 Franklin Rd</u>		Street Address <u>404 Franklin Rd</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02814</u>		Zip <u>02814</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 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	
		<u>1000</u>	<u>corp</u>
			<u>D</u>
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 <u>Donna Cinco</u>		Date <u>5/11/22</u>	
Signature of Authorized Representative <u>Donna Cinco</u>		FILED	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 18 2022

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FORM 630 - Revised: 11/2021