



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 JUL 21 2022
 BY 1113

1. Entity ID Number 530453		2. Exact name of the Corporation Evergreen Plumbing & Heating Co., Inc.			
3. Principal Office Address 2 Evergreen Avenue		City Warwick	State RI	Zip 02888	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island HVAC Plumbing				
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 John M. Mastroianni			Vice-President Name Giuseppe Mastroianni		
Street Address 2 Evergreen Avenue			Street Address 2 Evergreen Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name John M. Mastroianni			Treasurer Name John M. Mastroianni		
Street Address 2 Evergreen Avenue			Street Address 2 Evergreen Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ralph Lonardo			Director Name Peter Neri		
Street Address 2 Evergreen Avenue			Street Address 2 Evergreen Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Kevin Esancy			Director Name None		
Street Address 2 Evergreen Avenue			Street Address		
City Warwick	State RI	Zip 02888	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
			100	Common	No Par Value
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 John M. Mastroianni				Date 7/27/2022	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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