



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

STAMP
 RECEIVED
 SECRETARY OF STATE
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 FEB 14 AM 11:05

1. Entity ID Number 000105817		2. Exact name of the Corporation A & L Plumbing, Inc.			
3. Principal Office Address 1 Watercress Court			City Coventry	State RI	Zip 02816
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Business of providing plumbing and heating services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Stephen A. Antoch			Vice-President Name Louis F. Mathews		
Street Address 1 Watercress Court			Street Address 1 Watercress Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Stephen A. Antoch			Treasurer Name Louis F. Mathews		
Street Address 1 Watercress Court			Street Address 1 Watercress Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000 Common with 0.01 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.					
<i>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.</i>					
Name of Authorized Representative Louis F. Mathews				Date 1-31-2023	
Signature of Authorized Representative 				BY FEB 14 2023	

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

BY **14856**
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