



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

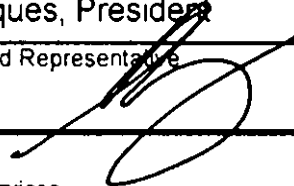
→ Filing Fee: \$50.00

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

FILED

FEB 27 2023

BY 34003
123

1. Entity ID Number 971464		2. Exact name of the Corporation Blue Hill Plumbing and Heating, Inc.			
3. Principal Office Address 344 John L. Dietsch Boulevard, Suite 8		City North Attleboro		State MA	Zip 02763
4. NAICS Code 238820		6. Brief description of the character of business conducted in Rhode Island Plumbing and gas piping installation			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven K. Henriques			Vice-President Name Steven K. Henriques		
Street Address 344 John L. Dietsch Boulevard, Suite 8			Street Address 344 John L. Dietsch Boulevard, Suite 8		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763
Secretary Name Steven K. Henriques			Treasurer Name Steven K. Henriques		
Street Address 344 John L. Dietsch Boulevard, Suite 8			Street Address 344 John L. Dietsch Boulevard, Suite 8		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven K. Henriques			Director Name		
Street Address 344 John L. Dietsch Boulevard, Suite 8			Street Address		
City North Attleboro	State MA	Zip 02763	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
			15000		
			CNP		
			None		
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 Steven K. Henriques, President					Date 2/13/2023
Signature of Authorized Representative 					

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

FORM 630 - Revised: 11/2021