



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.

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S.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAR -3 A 10:40

1. Entity ID Number <u>001666658</u>		2. Exact name of the Corporation <u>AJ'S PLUMBING & HEATING INC</u>			
3. Principal Office Address <u>355 WOODWARD RD</u>		City <u>NORTH PROVIDENCE</u>		State <u>RI</u>	Zip <u>02904</u>
4. NAICS Code <u>238220</u>		6. Brief description of the character of business conducted in Rhode Island <u>PLUMBING AND HEATING</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>AIAN JERARD</u>			Vice-President Name		
Street Address <u>355 WOODWARD RD</u>			Street Address		
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>same as above</u>			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 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>100</u>		
			<u>CWP</u>		
			<u>1.00</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>AIAN JERARD</u>					Date <u>3 MAR 23</u>
Signature of Authorized Representative 					

FILED 10:45

MAR 03 2023
BY 4J94C
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