RI SOS Filing Number: 2023302958 State of Rhode Island			Date: 3/8/2023 4:00:00 PM				
Department of		ess Services I	Division				
Annual Report for the	year: 2023						
Corporation .  → Filing périod: February 1 - May 1			_		FILED T	.`	
<ul><li>→ Filing Fee: \$50.00</li><li>→ Penalty: Additional \$25.</li></ul>	MAR 0.8 2023						
Entity ID Number	2. Exact nam	e of the Corporation	the Corporation			<del></del>	
000137482	Heinz G	z Group, Inc			(	$\rightarrow$	
3. Principal Office Address P.O. Box 354			City Block Isla	and .	State RI	Zip 02807	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rho				· · · · · · · · · · · · · · · · · · ·	
238990		General contracting, design and related residential and commercial contracting					
5. State of Incorporation Rhode Island	as well as	as well as Real Estate.					
7. List ALL officers (names and President Name	Check the box to indicate an attachment						
President Name Scott D. Heinz			Vice-President Name Scott D. Heinz				
Street Address P.O. Box 354			Street Address P.O. Box 354				
<sup>City</sup> Block Island	State RI	<sup>Zip</sup> 02807	City Block I		State RI	<sup>Zip</sup> 02807	
Secretary Name Scott D. He	Treasurer Name Scott D. Heinz						
Street Address P.O. Box 354			Street Address P.O. Box 354				
<sup>City</sup> Block Island	State RI	<sup>Zip</sup> 02807	City Block Island		State RI	<sup>Zip</sup> 02807	
List ALL directors (names ar Director Name	nd addresses)	<u> </u>	In		eck the box to ind	icate an attachment 🗆	
Director Name			Director Name	<b>)</b>			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City	<del></del>	State	Zip	
9. Shares Authorized		10. Shares Iss				icate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.		100 Shai		Commoi		No Par Value	
		100 01101	100 Shares		<u>'</u>		
11. This report must be execut trustee, this report must be exe	<u>ecuted on behalf of</u>	the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I de statements, and that all state	eclare and affirm ( ements contained	that I have examin herein are true an	ed this report, i d correct.	ncluding any ac	companying sch	edules and	
Name of Authorized Represen	tative		· ## <u>~</u>	•	Date 2	116/22	
Scott D. Heinz						10/25	
Signature of Authorized Repre	sentative		<del></del>		<u> </u>		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov