



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR 17 11:13 AM

1. Entity ID Number 001691374		2. Exact name of the Corporation CONNOLLY & SONS HEATING SERVICES INC			
3. Principal Office Address 322 SNAKE HILL RD			City NORTH SCITUATE	State RI	Zip 02857
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HEATING CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL CONNOLLY			Vice-President Name SAME		
Street Address 322 SNAKE HILL RD			Street Address		
City NORTH SCITUATE	State RI	Zip 02857	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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			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
		100		COMMON	NO 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 MICHAEL CONNOLLY				Date 2/25/2023	
Signature of Authorized Representative 					

FILED

MAR 17 2023

BY 182023

A.A. 11:13 AM.