RI SOS Filing Number: 202331076550 Date: 3/17/2023 11:12:00 AM

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2023 MAR 17 AHII: 11

7 Charty: Additional \$25.00 K							
Entity ID Number	2. Exact name of the Corporation						
001691374	CONNOLLY & SONS HEATING SERVICES INC						
3. Principal Office Address			City		State	Zip	
322 SNAKE HILL RD			NORTH S	SCITUATE	RI	02857	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238220	HEATING CONTRACTOR						
5. State of Incorporation	1						
RI							
7. List ALL officers (names and add	dresses)			Check	the box to	indicate an attachment 🔲	
President Name MICHAEL CO	Vice-President Name SAME						
Street Address 322 SNAKE HILL RD			Street Address				
<sup>City</sup> NORTH SCITUATE	State RI	<sup>Zip</sup> 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 a	ddresses)			Check	the box to	indicate an attachment 🔲	
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	
		10. Shares Issu			the box to indicate an attachment		
This Information is currently of record in the Department of State.		NUMBER OF	SHARES	CLASS/SERIES PAR VALUE			
Changes require an additional filing.		100		COMMON		NO PAR	
11. This report must be executed of		•	•	•	oration 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						Date	
MICHAEL CONNOLLY					2/25/2023		
Signature of Anthorized Representative FILED							
UAR 17 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

BYN82-DJ. 12-A.M.

FORM 630 - Revised: 2/2023