



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

MAR 17 2023

BY 22492
OS

1. Entry ID Number 000003814		2. Exact name of the Corporation Statewide Plumbing & Heating Co., Inc.			
3. Principal Office Address 160 North View Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing and heating service and repair and drain cleaning.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carlos Cardeal			Vice-President Name Michael Moreira		
Street Address 16 Douglas Drive			Street Address 126 Dexter Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Carlos Cardeal			Treasurer Name Michael Moreira		
Street Address 16 Douglas Drive			Street Address 126 Dexter Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carlos Cardeal			Director Name Michael Moreira		
Street Address 16 Douglas Drive			Street Address 126 Dexter Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Anthony L. Emma			Director Name		
Street Address 30 DeSano Drive			Street Address		
City Narragansett	State RI	Zip 02882	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
		510 Class A		Common	No Par
		490 Class B		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.					
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 Michael Moreira					Date 3/9/23
Signature of Authorized Representative <i>Michael Moreira</i>					

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