



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 06 2024

BY

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1. Entity ID Number 000153093		2. Exact name of the Corporation GENCARELLA PLUMBING, INC.			
3. Principal Office Address 3 Knollwood Drive		City Westerly		State RI	Zip 02891
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island plumbing and heating installation, repairs and maintenance			
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 Gary Gencarella			Vice-President Name		
Street Address 3 Knollwood Drive			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Gary Gencarella			Treasurer Name Gary Gencarella		
Street Address 3 Knollwood Drive			Street Address 3 Knollwood Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary Gencarella			Director Name		
Street Address 3 Knollwood Drive			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	0.01 par val
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 Gary Gencarella					Date 1/24/24
Signature of Authorized Representative Gary Gencarella					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 04/2023