



**State of Rhode Island
Department of State - Business Services Division**

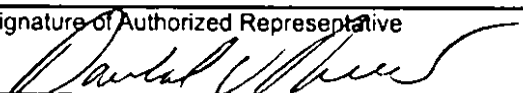
**Annual Report for the year: 2024
Corporation**

FILED

FEB 14 2024

BY 1132
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001742056		2. Exact name of the Corporation Paolino Plumbing & Heating, Inc			
3. Principal Office Address 140 Highland Street			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 Services			
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 Donald V Paolino			Vice-President Name Donald V Paolino		
Street Address 140 Highland Street			Street Address 140 Highland Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Donald V Paolino			Treasurer Name Donald V Paolino		
Street Address 140 Highland Street			Street Address 140 Highland Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 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.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		100 Shares	Common	No Par Value	
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 Donald V Paolino				Date 2-6-24	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov