RI SOS Filing Number: 202446737100 Date: 2/14/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Di				vision FILED				
Annual Report for the year: 2024 Corporation				FEB 1 4 2024				
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				BY 6349				
Penalty: Additional \$25.00							<i>₹</i>	
1. Entity ID Number 2. Exact name of the Corporation WIK PLUMBING & HEATING, INC								
000759117	TKWIK PL	-UMBING &		IG, INC				
3. Principal Office Address 1149 Hartford Avenue			City Johnst	ton	State RI		Zip 02919	
4. NAICS Code	6. Brief descrip	Brief description of the character of business conducted in Rhode Island						
238220	Plumbing	Plumbing and Heating Contractors						
5. State of Incorporation Rhode Island	7							
7. List ALL officers (names and a	ddresses)		···	Check the	box to indi	cate an att	achment 🗀	
President Name James A Fusco				Vice-President Name James A Fusco				
Street Address 1149 Hartford Avenue			Street Add	Street Address 1149 Hartford Avenue				
^{City} Johnston	State RI	^{Zip} 02919	City Johi	nston	State	RI	Zip 02919	
Secretary Name James A Fusco			Treasurer	Treasurer Name James A Fusco				
Street Address 1149 Hartford Avenue				Street Address 1149 Hartford Avneue				
^{City} Johnston	State RI	^{Zip} 02919	City Jo h	City Johnston		RI	^{Zip} 02919	
8. List ALL directors (names and Director Name	addresses)		157		box to indi	cate an att	achment 🔲	
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City	City		•	Zip	
Director Name			Director Na	Director Name				
Street Address				Street Address				
City	State	Zip	City	City			Zip	
9. Shares Authorized		10. Shares Issued Check the box NUMBER OF SHARES CLASS/SERIES			licate an at			
This Information is currently of record in the Department of State.		100 Share:		CLASS/SERIES		No Par Value		
Changes require an additional filing.		Too Share:	<u> </u>	Common	ino rai value		value	
11. This report must be executed	on behalf of the	corporation by an a	uthorized rep	Toresentative. If the con	poration is	in the hand	ds of a re-	
Under penalty of perjury, I dec	lare and affirm th	nat i have examine	ed this repo		ompanying	g schedule	s and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative						Date 0/6/2//		
James A Fusco						4/8/97		
Signature of Authorized Represe	Jusc	J						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov