




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.

REC'D RIDDS BSD
24 MAR 12 AM 10:21:44

1. Entity ID Number 000005834		2. Exact name of the Corporation Bert Ferragamo Plumbing & Heating Co. Inc			
3. Principal Office Address 10 Rachela St		City Johnston		State RI	Zip 02919
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Commerical & Residential Plumbing & Heating			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bert P. Ferragamo			Vice-President Name Bert P. Ferragamo		
Street Address 24 Deerfield Drive			Street Address 24 Deerfield Drive		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
Secretary Name Bert P. Ferragamo			Treasurer Name		
Street Address 24 Deerfield Drive			Street Address		
City N. Scituate	State RI	Zip 02857	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bert P. Ferragamo			Director Name		
Street Address 24 Deerfield Drive			Street Address		
City N. Scituate	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		500	CNP	\$0.000	
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 Bert P. Ferragamo					Date 3/6/24
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

FILED
MAR 12 2024
BY PG-3T1

A.A. 10:24 AM

FORM 630- Revised 12/2023