



State of Rhode Island
Department of State - Business Services Division

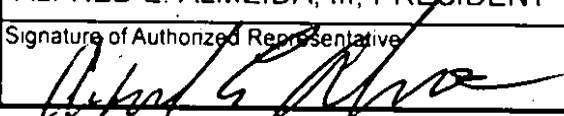
MAR 14 2024

60392

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.

1. Entity ID Number 62988		2. Exact name of the Corporation ALMEIDA PLUMBING, HEATING & AIR, INC.			
3. Principal Office Address 22 B LARK INDUSTRIAL PARKWAY		City SMITHFIELD	State RI	Zip 02828	
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island THE SERVICE AND INSTALLATION OF PLUMBING, HEATING AND AIR CONDITIONING EQUIPMENT.			
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 ALFRED E. ALMEIDA, III			Vice-President Name ALFRED E. ALMEIDA, III		
Street Address 94 RIDGE ROAD			Street Address 94 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name ALFRED E. ALMEIDA, III			Treasurer Name ALFRED E. ALMEIDA, III		
Street Address 94 RIDGE ROAD			Street Address 94 RIDGE ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALFRED E. ALMEIDA, III			Director Name		
Street Address 94 RIDGE ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	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.		NUMBER OF SHARES		CLASS/PER.FS	PAR VALUE
		200	COMMON	NONE	
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 ALFRED E. ALMEIDA, III, PRESIDENT				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