



State of Rhode Island
 Department of State - Business Services Division

REC'D RIDOS BSD
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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 000015966		2. Exact name of the Corporation HAVEN PLUMBING & HEATING CO., INC.			
3. Principal Office Address 2 URQUHART STREET			City CRANSTON	State RI	Zip 02920
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING, HEATING AND SEWER WORK			
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 ANTHONY A. D'AREZZO			Vice-President Name PAUL A. D'AREZZO		
Street Address 29 NORTH OLNEY STREET			Street Address 2 URQUHART STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ANTHONY A. D'AREZZO			Treasurer Name ANTHONY A. D'AREZZO		
Street Address 29 NORTH OLNEY STREET			Street Address 2 URQUHART STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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			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		
			100	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 ANTHONY A. D'AREZZO, PRESIDENT				Date 3-23-24	
Signature of Authorized Representative 				FILED	

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

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