



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.

APR 11 2024

1422

1. Entity ID Number 000125893		2. Exact name of the Corporation BRASWELL'S PLUMBING & HEATING, INC.			
3. Principal Office Address 205 TEN ROD ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
4. NAICS Code 423720		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND RESIDENTIAL PLUMBING AND HEATING CONTRACTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BILLY D. BRASWELL			Vice-President Name SAME AS PRESIDENT		
Street Address 205 TEN ROD ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name LYNNE B. BRASWELL			Treasurer Name SAME AS PRESIDENT		
Street Address 205 TEN ROD ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE
					\$.00
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 BILLY D. BRASWELL					Date 4-9-24
Signature of Authorized Representative <i>Billy D. Braswell</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023