



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.

MAY 01 2024

4201

STAMP

1. Entity ID Number 45096		2. Exact name of the Corporation CAVACO BROTHERS PLUMBING & HEATING, INC.			
3. Principal Office Address 93 BENTLEY STREET		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island INSTALL PLUMING AND HEATING, NEW CONSTRUCTION AND REPAIR, BUY AND SELL ALL MATERIALS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOSEPH M. CAVACO			Vice-President Name JOSEPH M. CAVACO		
Street Address 5 THIRD STREET			Street Address 5 THIRD STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name JOSEPH M. CAVACO			Treasurer Name JOSEPH M. CAVACO		
Street Address 5 THIRD STREET			Street Address 5 THIRD STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		150		COMMON	NO PAR
Changes require an additional filing.					
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 JOSEPH M. CAVACO					Date 4/20/24
Signature of Authorized Representative <i>Joseph M. Cavaco</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