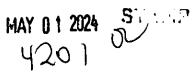
## State of Rhode Island

## **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 f	ee if form is not fi	led by May 31.					
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	ST PROVIDENCE			Zip 02914
4. NAICS Code 238220 5. State of Incorporation	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.						
RHODE ISLAND				Oh e ile the be	and the same		
7. List ALL officers (names and addresses) President Name JOSEPH M. CAVACO			Check the box to indicate an attachment  Vice-President Name JOSEPH M. CAVACO				
Street Address 5 THIRD STREET			Street Address 5 THIRD STREET				
City BARRINGTON	State RI	<sup>Zip</sup> 02806	City BAF	BARRINGTON		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	<sup>Zip</sup> 02806	City BAF	RRINGTON	State	RI	<sup>Zii</sup> 02806
8. List ALL directors (names and a	ddresses)			Check the bo	x to ind	cate an atta	chment 🗆
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		10. Shares Issue	d	Check the b	ox to inc	licate an att	achment [
This information is currently of reco	rd in the	NUMBER OF SH		CLASS/SERIES			PAR VALUE
Department of State. Changes require an additional filing.		150		COMMON		NO PAR	
Changes require an additional ming.							
11. This report must be executed o ceiver or trustee, this report must be					ration is	in the hand	s of a re-
Under penalty of perjury, I decla					panying	schedule	s and
statements, and that all stateme	nts confained her						
Name of Authorized Representative JOSEPH M. CAVACO	Janes	Joseph M. Cavoco			Date 4/20/24		
Signature of Authorized Represent	ative	.,					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov