



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

MAY 22 2024 **STAMP**
14004

- 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 000125423		2. Exact name of the Corporation Fullport Plumbing & Heating Inc.			
3. Principal Office Address 264 Roger Williams Avenue			City Rumford	State RI	Zip 02916
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island To engage in the business of installation and repair of plumbing and heating systems.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Glen E. Hagman			Vice-President Name Craig R. Finizia		
Street Address 201 Rocky Hill Road			Street Address 191 Hebron Avenue		
City Rehoboth	State MA	Zip 02769	City Seekonk	State MA	Zip 02771
Secretary Name Glen E. Hagman			Treasurer Name Craig R. Finizia		
Street Address 201 Rocky Hill Road			Street Address 191 Hebron Avenue		
City Rehoboth	State MA	Zip 02769	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Glen E. Hagman			Director Name Craig R. Finizia		
Street Address 201 Rocky Hill Road			Street Address 191 Hebron Avenue		
City Rehoboth	State MA	Zip 02769	City Seekonk	State MA	Zip 02771
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		PAR VALUE
			1000	Common	\$.01
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 Glen E. Hagman					Date 5/8/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov