



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.

REC'D RIDOS BSD
24 JUN 3 PM 3:39:30

1. Entity ID Number 000106858		2. Exact name of the Corporation Superior Plumbing, Inc.			
3. Principal Office Address 583 Providence Hwy.			City Walpole	State MA	Zip 02081
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN A CARRY ON THE BUSINESS OF PROVIDING PLUMBING, HEATING AND RELATED SERVICES TO THE PUBLIC.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDREA CAMIOLO			Vice-President Name		
Street Address 243 DOVER ROAD			Street Address		
City WESTWOOD	State MA	Zip 02090	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			200		
			.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 ANDREA CAMIOLO					Date 6/3/2024
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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BY **KSCK2**

FORM 630- Revised 12/2023