



**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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
FILED
JUN 3 X 2024
2024 JUN -3 PM 2:13 BY P/RS 74

1. Entity ID Number 42046		2. Exact name of the Corporation EDWARD C. SILVIA PLUMBING & HEATING, INC.			
3. Principal Office Address 275 OLIPHANT LANE			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD C. SILVIA, JR.			Vice-President Name EDWARD C. SILVIA, JR.		
Street Address 32 JAMES FRANCIS TERRACE			Street Address 32 JAMES FRANCIS TERRACE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name EDWARD C. SILVIA, JR.			Treasurer Name EDWARD C. SILVIA, JR.		
Street Address 32 JAMES FRANCIS TERRACE			Street Address 32 JAMES FRANCIS TERRACE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDWARD C. SILVIA, JR.			Director Name NONE		
Street Address 32 JAMES FRANCIS TERRACE			Street Address NONE		
City MIDDLETOWN	State RI	Zip 02842	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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	COMMON	NO PAR VALUE
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 EDWARD C. SILVIA, JR.				Date X 5-30-2024	
Signature of Authorized Representative X Edward C. Silvia, Jr.					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov