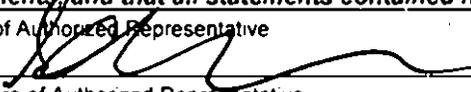


**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED
NOV 19 2024
BY 

1. Entity ID Number 000567444		2. Exact name of the Corporation DESMARAIS PLUMBING & HEATING, INC			
3. Principal Office Address 815 OAKLAWN AVENUE SUITE C			City CRANSTON	State RI	Zip 02920-2823
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING & HEATING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>
President Name STEVEN DESMARAIS			Vice-President Name STEVEN DESMARAIS		
Street Address 10 SUMMIT AVENUE			Street Address 10 SUMMIT AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name STEVEN DESMARAIS			Treasurer Name STEVEN DESMARAIS		
Street Address 10 SUMMIT AVENUE			Street Address 10 SUMMIT AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	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 					Date 11/22/24
Signature of Authorized Representative STEVEN DESMARAIS					

MAIL TO:

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