RI SOS Filing Number: 202461479810 Date: 12/5/2024 11:44:00 AM

State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2024 DEC -5 AM 11:41

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.

1. Entity ID Number	2. Exact name of the Corporation
000153764	VIVONA PLUMBING AND HEATING INCORPORATED

3. Principal Office Address	City	State	Zip
320 OLD MILL LANE	PORTSMOUTH	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236110	PLUMBING & HEATING SERVICES TO RESIDENCES/BUSINESSES
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
VINCENT VIVONA	
Street Address: 320 OLD MILL LANE	Street Address
City: PORTSMOUTH State: RI Zip: 02871	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 ☐

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	STK	0.01

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
VINCENT VIVONA	11/18/24
Signature of Authorized Representative	

FILED
11:44
DEC 05 2024
BY PFOSE

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

FORM 630- Revised 12.2023