



State of Rhode Island

Department of State - Business Services Division

DEC 23 2024

631552

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.

1. Entity ID Number 129935		2. Exact name of the Corporation Anchor Plumbing and Heating Inc.					
3. Principal Office Address 1142 Anthony Road		City Portsmouth		State RI	Zip 02871		
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Plumbing and heating contractor						
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Jeffrey Culpan			Vice-President Name Jeffrey Culpan				
Street Address 1142 Anthony Road			Street Address 1142 Anthony Road				
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871		
Secretary Name Jeffrey Culpan			Treasurer Name Jeffrey Culpan				
Street Address 1142 Anthony Road			Street Address 1142 Anthony Road				
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Jeffrey Culpan			Director Name				
Street Address 1142 Anthony Road			Street Address				
City Portsmouth	State RI	Zip 02871	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
			100	Common	No Par		
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 Jeffrey Culpan					Date 12-17-2024		
Signature of Authorized Representative 							

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: 11/2021