



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.

REC'D RI SOS BSO  
25 JAN 16 PM 3:09:47

1. Entity ID Number <u>000087669</u>		2. Exact name of the Corporation <u>F.W. Webb Company</u>			
3. Principal Office Address <u>160 Middlesex Turnpike</u>		City <u>Bedford</u>		State <u>MA</u>	Zip <u>01730</u>
4. NAICS Code <u>423840</u>		6. Brief description of the character of business conducted in Rhode Island <u>Wholesale sale of Plumbing, Heating, Cooling and Industrial Equipment.</u>			
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Jeffrey Pope</u>			Vice-President Name <u>N/A</u>		
Street Address <u>6 Green Leaf Drive</u>			Street Address <u>N/A</u>		
City <u>Danvers</u>	State <u>MA</u>	Zip <u>01943</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
Secretary Name <u>N/A</u>			Treasurer Name <u>N/A</u>		
Street Address <u>N/A</u>			Street Address <u>N/A</u>		
City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Robert Mucciarone (CFO)</u>			Director Name <u>N/A</u>		
Street Address <u>17 Tarbox Lane</u>			Street Address <u>N/A</u>		
City <u>North Reading</u>	State <u>MA</u>	Zip <u>01864</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address <u>N/A</u>			Street Address <u>N/A</u>		
City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.			NUMBER OF SHARES		
Changes require an additional filing.			CLASS/SERIES		
			PAR VALUE		
			<u>STK</u>		
			<u>\$0.0000</u>		
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 <u>Derek M. Pavao</u>					Date <u>01/16/2025</u>
Signature of Authorized Representative <u>Derek M. Pavao</u>					

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

JAN 15 2025

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