



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.

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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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		<u>(777) 4,000.000</u>		<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

BY F37V2

FORM 630- Revised 12/2023