



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

JAN 21 2025

2445

1. Entity ID Number 001673884		2. Exact name of the Corporation RAZ HEATING & PLUMBING INC.												
3. Principal Office Address 13A VICTORY HIGHWAY			City FOSTER	State RI	Zip 02825									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HEATING AND PLUMBING SERVICES												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name RAYMOND M. CHRISTOPHER			Vice-President Name CARLEEN CHRISTOPHER											
Street Address 13A VICTORY HIGHWAY			Street Address 13A VICTORY HIGHWAY											
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825									
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CWP</td> <td>.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CWP	.0100			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	CWP	.0100												
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 RAYMOND M. CHRISTOPHER				Date 1-16-25										
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