RI SOS Filing Number: 202564148910 Date: 1/30/2025 4:00:00 PM

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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.

JAN 3 0 2025 OF 1283

1. Entity ID Number	2. Exact name of the Corporation								
000137482	Heinz Group, Inc								
3. Principal Office Address			City		State		Zip		
PO Box 354) Box 354			sland	RI		02807		
4. NAICS Code	6. Brief descripti	6. Brief description of the character of business conducted in Rhode Island							
238990	General contracting, design and related residential and commercial								
State of Incorporation	contracting as well as real estate								
Rhode Island	contracting as well as real estate								
				Oh a ali Ah a l	· ···· Au taudt	4- ' M			
7. List ALL officers (names and add	Iresses)		Check the box to indicate an attachment Vice-President Name						
President Name Scott D Heinz			Vice-President Name Scott D Heinz						
Street Address PO Box 354			Street Address PO Box 354						
City Block Island	State RI	^{Zip} 02807	City Block Island		State	RI	Zip 02807		
Secretary Name Scott D Heinz	<u> </u>		Treasurer N	 Z		10200.			
Street Address			Treasurer Name Scott D Heinz Street Address DO B 054						
Street Address PO Box 354			Street Address PO Box 354						
City Block Island	State RI	^{Zip} 02807	City Block Island		State F	રા	^{Zip} 02807		
8. List ALL directors (names and ac	ddresses)	n h		Check the	box to indi	cate an att	achment 🔲		
Director Name			Director Na	ime	<u> </u>				
Street Address		Street Address							
City	State	Zip	City		State		Zip		
Dinaka	<u> </u>								
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State		Zip		
Ö Chara Authoriand		10.05			1 4 1 4	*	1		
9. Shares Authorized This information is currently of reco	rd In the	10. Shares Issue							
Donoston and ad Change		100 Shares	Common			No Par Value			
Changes require an additional filing.									
11. This report must be executed o	on behalf of the co	proration by an au	thorized rep	resentative. If the corp	poration is	in the hand	ds of a re-		
ceiver or trustee, this report must b	oe executed on be	shalf of the corpora	ation by the i	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				
Scott D Heinz					1.28.2025				
Signature of Authorized Represent					-				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov