

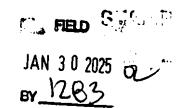
## State of Rhode Island

## 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.



| 1. Entity ID Number   | 2. Exact name  | 2. Exact name of the Corporation |                                   |                     |               |  |                                       |  |
|---|--|----------------------------------|-----------------------------------|---------------------|---------------|--|---------------------------------------|--|
| 000137482   | Heinz Group, Inc   |                                  |                                   |                     |               |  |                                       |  |
| 3. Principal Office Address   |  |                                  |                                   |                     | State         |  | Zip                                   |  |
| PO Box 354  |  |                                  | Block I                           | sland               | RI            |  | 02807                                 |  |
| 4. NAICS Code   | 6. Brief descrip   | tion of the characte             | er of busines                     | s conducted in Rhod | e Island      | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | · · · · · · · · · · · · · · · · · · · |  |
| 238990  | General contracting, design and related residential and commercial |                                  |                                   |                     |               |  |                                       |  |
| State of Incorporation  | contracting as well as real estate                                 |                                  |                                   |                     |               |  |                                       |  |
| Rhode Island  |  |                                  |                                   |                     |               |  |                                       |  |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachment   |  |                                  |                                   |                     |               |  |                                       |  |
| 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   | <sup>Zip</sup> 02807             | City<br>Block Island              |                     | State         | RI   | Zip<br>02807                          |  |
| Secretary Name Scott D Heinz  | <u>_l</u>  | <del> l</del>                    | Treasurer Name Scott D Heinz      |                     |               |  |                                       |  |
| Street Address PO Box 354   |  |                                  | Street Address PO Box 354         |                     |               |  |                                       |  |
|   | Ta:_   |                                  |                                   | To4-4-              |               | T=   |                                       |  |
| City Block Island   | State RI   | <sup>Zip</sup> 02807             | City Block Island                 |                     | State F       | रा   | <sup>Zip</sup><br>02807               |  |
| 8. List ALL directors (names and a  | ddresses)  |                                  |                                   |                     | e box to indi | cate an at                                       | tachment 🔲                            |  |
| 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     |  | Izio                                  |  |
|   | Sibio  | 2.10                             | City                              |                     | State         |  | <b>-</b>                              |  |
| 9. Shares Authorized 10. Shares Issue   |  |                                  |                                   |                     |               |  |                                       |  |
| This information is currently of record in the Department of State. Changes require an additional filing.   |  | NUMBER OF 100 Shares             |                                   | Common              |               | No Par Value                                     |                                       |  |
|   |  | 100 Shares                       | •                                 | Common              |               | - INU Fai Value                                  |                                       |  |
|   |  |                                  |                                   |                     |               |  |                                       |  |
| 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   |  |                                  |                                   |                     | Date          |  |                                       |  |
| Scott D Heinz   |  |                                  |                                   |                     | 1.28.2025     |  |                                       |  |
| Signature of Authorized Representative  DSUH   W12  |  |                                  |                                   |                     |               |  |                                       |  |

MAIL TO:

**Division of Business Services** 

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