



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

FEB 06 2025

BY

29166
AA

1. Entity ID Number 76410		2. Exact name of the Corporation WILLIAM STOVER HEATING, INC.			
3. Principal Office Address 158 NORTH STREET			City WARWICK	State RI	Zip 02886
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE HEATING EQUIPMENT INSTALLATION & REPAIRS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM STOVER			Vice-President Name SAME		
Street Address PO BOX 8995			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM STOVER			Director Name		
Street Address PO BOX 8995			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 WILLIAM STOVER					Date 01/13/2025
Signature of Authorized Representative <i>William Stover</i>					