



State of Rhode Island
Department of State - Business Services Division

FIELD STAMP

Annual Report for the year: 2025

Corporation

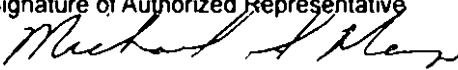
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 07 2025

BY 21083 LKS

1. Entity ID Number 756137		2. Exact name of the Corporation Sal Manzi & Son Plumbing & Heating, Inc.			
3. Principal Office Address 75 Whispering Pines Drive			City Cranston	State RI	Zip 02921
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing, water, gas and steam fitting of all kinds			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Manzi			Vice-President Name Salvatore Manzi		
Street Address 75 Whispering Pines Drive			Street Address 75 Whispering Pines Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Salvatore Manzi			Treasurer Name Michael Manzi		
Street Address 75 Whispering Pines Drive			Street Address 75 Whispering Pines Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael Manzi			Director Name None		
Street Address 75 Whispering Pines Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No 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 Michael Manzi				Date 2/3/25	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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