State of Rhode Island
Department of State - Business Services Division

FIELD [illegible]
FEB 07 2025
BY 2083 LKS

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 of the Corporation
756137	Sal Manzi & Son Plumbing & Heating, Inc.

3. Principal Office Address	City	State	Zip
75 Whispering Pines Drive	Cranston	RI	02921

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	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	Zip 02920	City	Cranston	State	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	Zip 02920	City	Cranston	State	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	Zip 02920	City		State	Zip
Director Name	None			Director Name	None		
Street Address				Street Address			
City		State	Zip	City		State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	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	Date
Michael Manzi	2/3/25

Signature of Authorized Representative: Michael A Manzi

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov