



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 10 2025

BY 1208

EG

1. Entity ID Number 001742056		2. Exact name of the Corporation Paolino Plumbing & Heating, Inc							
3. Principal Office Address 140 Highland Street				City Cranston		State RI	Zip 02920		
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing & Heating Services							
5. State of Incorporation Rhode Island									
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐									
President Name Donald V Paolino				Vice-President Name Donald V Paolino					
Street Address 140 Highland Street				Street Address 140 Highland Street					
City Cranston		State RI	Zip 02920	City Cranston		State RI	Zip 02920		
Secretary Name Donald V Paolino				Treasurer Name Donald V Paolino					
Street Address 140 Highland Street				Street Address 140 Highland Street					
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				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		
9. Shares Authorized				10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				100 Shares		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 Donald V Paolino							Date 2-1-25		
Signature of Authorized Representative 									

MAIL TO:

Division of Business Services

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

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