RI SOS Filing Number: 202565610010 Date: 2/14/2025 4:00:00 PM

RECD RIDOS BSD
25 FEB 14 AM 9:05:59

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 of the Corporation
001661232	MELCO PLUMBING & HEATING, INC.

3. Principal Office Address	City	State	Zip
6 Duckworth Street	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	Plumbing Services
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Antonia M. Melo	50 Houston Ave	Narragansett	RI	02882

Vice-President Name	Street Address	City	State	Zip
James O. Melo	50 Houston Ave	Narragansett Ave	RI	02882

Secretary Name	Street Address	City	State	Zip
James O. Melo	50 Houston Ave	Narragansett	RI	02882

Treasurer Name	Street Address	City	State	Zip
Antonia M. Melo	50 Houston Ave	Narragansett	RI	02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Antonia M. Melo	50 Houston Ave	Narragansett	RI	02882

Director Name	Street Address	City	State	Zip
James O. Melo	50 Houston Ave	Narragansett	RI	02882

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.	600	CNP	$0.00

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
Antonia M. Melo	01/27/2025

Signature of Authorized Representative: Antonia M Melo

FILED

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

FEB 14 2025
BY 9316

FORM 630- Revised: 12/2023