



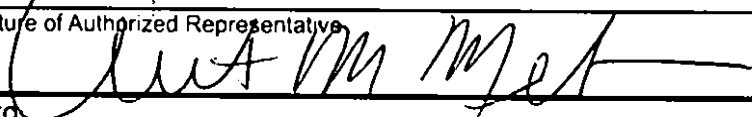
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RI005 BSD
25 FEB 14 AM 9:05:59

1. Entity ID Number 001661232		2. Exact name of the Corporation MELCO PLUMBING & HEATING, INC.			
3. Principal Office Address 6 Duckworth Street		City Lincoln		State RI	Zip 02865
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Antonia M. Melo			Vice-President Name James O. Melo		
Street Address 50 Houston Ave			Street Address 50 Houston Ave		
City Narragansett	State RI	Zip 02882	City Narragansett Ave	State RI	Zip 02882
Secretary Name James O. Melo			Treasurer Name Antonia M. Melo		
Street Address 50 Houston Ave			Street Address 50 Houston Ave		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Antonia M. Melo			Director Name James O. Melo		
Street Address 50 Houston Ave			Street Address 50 Houston Ave		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
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		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		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 Antonia M. Melo				Date 01/27/2025	
Signature of Authorized Representative 					

FILED

FEB 14 2025

BY 9316

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