RI SOS Filing Number: 202566663330 Date: 3/5/2025 4:00:00 PM

3G D.	State of Rhode Island Department of State - Business Services Division						
Annual Report for the year: 2 Corporation —	2025			F M/	AR 0 5 2025	<u> </u>	
→ Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe		BY	1261	ov			
Entity ID Number	2. Exact name of	f the Corporation	-				
000125893	BRASWEI	BRASWELL'S PLUMBING & HEATING, INC					
3. Principal Office Address 205 TEN ROD ROAD			City NORT	H KINGSTOWN	State RI	Zip 02852	
4. NAICS Code	6. Brief description	on of the character	of busines	ss conducted in Rhode Isla	and		
423720		COMMERCIAL AND RESIDENTIAL PLUMBING AND HEATING					
5. State of Incorporation RI	CONTRACTING						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name BILL D. BRASWELL			Vice-President Name SAME AS PRESIDENT				
Street Address 205 TEN ROD ROAD			Street Address				
City NORTH KINGSTOWN	State RI	^{Zıp} 02852	City		State	Zip	
Secretary Name LYNNE B. BRA	ASWELL	<u> </u>	Treasurer I	Name SAME AS PRE	SIDENT		
Street Address 205 TEN ROD F	ROAD		Street Add				
City NORTH KINGSTOWN		^{Zip} 02852	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	9. Shares Authorized 10.			Check the box	t x to indicate an a	ttachment 🖂	
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	\$.00	\$.00	
		i		ĺ			
 This report must be executed on ceiver or trustee, this report must be 	behalf of the corp	poration by an auth	orized rep	resentative. If the corpora	tion is in the han	ds of a re-	
server or tradice, this report must be	s executed our peu-	an or the corporation	<u>on by the r</u>	eceiver 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.

raswell Pres

MAIL TO:

Division of Business Services

BILLY D BRASWELL

Name of Authorized Representative

Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Date