

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2025
Corporation	
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→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Bonaltu	Additional \$25.00 fee if form is not filed by May 31.	
- renauv	- Additional 323 ou lee il form is nocilled by May 31.	

Penalty Additional \$25.00 fe		<u> </u>							
Entity ID Number	2. Exact name of the Corporation								
1670153	David W. Bradley Plumbing and Heating, Inc.								
3. Principal Office Address			City		State		Zip		
186 Burgess Avenue	•			rovidence	RI		02914		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
238220	Plumbing and heating repairs								
5. State of Incorporation	1								
RI									
7. List ALL officers (names and add	resses)			Check the	box to indi	cate an att	achment 🗆		
President Name David W. Bradley			Vice-President Name David W. Bradley						
Street Address 186 Burgess Av	enue enue		Street Address 186 Burgess Avenue						
^{City} East Providence	State RI	^{Zip} 02914	City East	t Providence	State	RI	Zip 02914		
Secretary Name David W. Bradley			Treasurer Name David W. Bradley						
Street Address 186 Burgess Avenue			Street Address 186 Burgess Avenue						
City East Providence	State RI	^{Z_{ip}} 02914	City Eas	t Providence	State	RI	^{Zio} 02914		
8. List ALL directors (names and ad	dresses)		•	Check the	box to indi	cate an att			
Director Name			Director Na	ame					
Street Address			Street Address						
0.0007.00.000			Janeer 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 d in the NUMBLE OF SHARES				Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
This information is currently of record in the Department of State.			_						
Changes require an additional filing.		1000		Common		No Par Value			
44 TL'		<u> </u>		<u> </u>					
11. This report must be executed or					poration is	in the hand	is of a re-		
ceiver or trustee, this report must be Under penalty of perjury, I declar					ompanvino	schedule	s and		
statements, and that all statemen	its contained he					•			
Name of Authorized Representative					Date 3-1-25				
						1-1-7	<u> </u>		
Signature of Authorized Representative									

Division of Business Services

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

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