RI SOS Filing Number: 202568779480 Date: 3/31/2025 4:00:00 PM

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State of Rhode Islan Department of St	Division		μ <sup>ρ</sup> μ MΔR	3 1 2025			
Annual Report for the year: 2025				•	$\mathcal{O}$	2023	
Filing period: February 1 - May 1					BY 💍		
Filing Fee: \$50.00	Way I				_		
→ Penalty: Additional \$25.00	fee if form is not fi	iled by May 31.					
1. Entity ID Number	2. Exact name o	f the Corporation	-		· · · · ·	· · · · · · · · · · · · · · · · · · ·	
666432	VSPPL	um Bin a	SIHEA	ATING, I	Ne.		
Principal Office Address			City		State	Zip	
64 Division RD			W. GREE	EN WICH	$ \mathcal{R} $	1 02817	
4. NAICS Code	6. Brief descripti	on of the characte	r of business o	onducted in Rhode I	sland		
238 220	TOTRANSACT PLUMBING AND						
5. State of Incorporation	HEATING BUSINESS.						
	HEAT	1,40					
R.I							
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment  Vice-President Name				
STANLEY A. PEASLEY			VICETTESIDER Name				
Street Address			Street Address / / -				
64 DIVIGION ROAD			Street Address A - NONE				
City GREEN WICH	State R. I.	Zip 028/4	City	, ,	State	Zip	
Secretary Name		•	Treasurer Nam		· d	· · · · · · · · · · · · · · · · · · ·	
Street Address V A. NONE			Street Address 7 N S E				
Street Address V 17. 74 0 70 2			Street Apareles / /				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	ddresses)	<del></del>		Check the b	ox to indic	cate an attachment	
Director Name STANCEY A. PER	ASLEY		Director Name				
Street Address 8164 DIVISION ROAD				Street Address			
City GREEN WICH	State R. I.	Zip 0 2 8 1 9	City 7	\\ \\ \/\. \\	State	Zip	
Director Name Director Name						<u>l</u>	
Street Addingss /7 NONE			Street Abgress 7 N 0 N E				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Sharan bayin	<u> </u>	Chaolatha b	an sa iadi	ante en effectuer E	
This information is currently of reco	rd in the	10. Shares Issue NUMBER OF S	HARES	CLASS/SERIE		cate an attachment PAR VALUE	
Department of State. Changes require an additional filing.		1.000			ONE		
		1,000				1.00/SHARE	
11. This report must be averaged	a habalf of the order	L	Abadaad	and the state of t		a the bearing of a se	
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  5 TANLEY A. PEASLEY					Date 3/26/25		
DIMNEY OF TENDERY					3	146/23	

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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