



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.

FILED
MAR 31 2025
BY 8951

1. Entity ID Number <u>666432</u>		2. Exact name of the Corporation <u>VSP PLUMBING & HEATING, INC.</u>	
3. Principal Office Address <u>64 DIVISION RD</u>		City <u>W. GREENWICH</u>	State <u>RI</u>
		Zip <u>02819</u>	
4. NAICS Code <u>238220</u>	6. Brief description of the character of business conducted in Rhode Island <u>TOTRANSACTION PLUMBING AND HEATING BUSINESS.</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>STANLEY A. PEASLEY</u>		Vice-President Name	
Street Address <u>64 DIVISION ROAD</u>		Street Address <u>NA - NONE</u>	
City <u>W. GREENWICH</u>	State <u>R.I.</u>	Zip <u>02819</u>	
Secretary Name <u>NA - NONE</u>		Treasurer Name <u>NA - NONE</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>STANLEY A. PEASLEY</u>		Director Name	
Street Address <u>64 DIVISION ROAD</u>		Street Address <u>NA - NONE</u>	
City <u>W. GREENWICH</u>	State <u>R.I.</u>	Zip <u>02819</u>	
Director Name <u>NA - NONE</u>		Director Name <u>NA - NONE</u>	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>ONE</u>
		PAR VALUE <u>1.00 / SHARE</u>	
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 <u>STANLEY A. PEASLEY</u>		Date <u>3/26/25</u>	
Signature of Authorized Representative 			