State of Rhode Island
Department of State - Business Services Division

FILED
MAR 31 2025
BY 8951

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.

1. Entity ID Number	2. Exact name of the Corporation
666432	VSP PLUMBING & HEATING, INC.

3. Principal Office Address	City	State	Zip
64 DIVISION RD	W. GREENWICH	RI	02817

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	TO TRANSACT PLUMBING AND HEATING BUSINESS.
5. State of Incorporation: R.I	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
STANLEY A. PEASLEY	
Street Address: 64 DIVISION ROAD	Street Address: NA - NONE
City: W. GREENWICH; State: R.I.; Zip: 02817	City; State; Zip
Secretary Name: NA. NONE	Treasurer Name: NA NONE
Street Address: NA. NONE	Street Address: NA NONE
City; State; Zip	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
STANLEY A. PEASLEY	
Street Address: 64 DIVISION ROAD	Street Address: NA. NANE
City: W. GREENWICH; State: R.I.; Zip: 02817	City; State; Zip
Director Name: NA NONE	Director Name
Street Address: NA NONE	Street Address: NA NONE
City; State; Zip	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	ONE	1.00/SHARE

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	Date
STANLEY A. PEASLEY	3/26/25

Signature of Authorized Representative: Stanley A. Peasley

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov