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
APR 08 2025
BY 4436

1. Entity ID Number	2. Exact name of the Corporation
45096	CAVACO BROTHERS PLUMBING & HEATING, INC.

3. Principal Office Address	City	State	Zip
93 BENTLEY STREET	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	INSTALL PLUMING AND HEATING, NEW CONSTRUCTION AND REPAIR, BUY AND SELL ALL MATERIALS.
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
JOSEPH M. CAVACO	JOSEPH M. CAVACO
Street Address: 5 THIRD STREET	Street Address: 5 THIRD STREET
City: BARRINGTON, State: RI, Zip: 02806	City: BARRINGTON, State: RI, Zip: 02806
Secretary Name: JOSEPH M. CAVACO	Treasurer Name: JOSEPH M. CAVACO
Street Address: 5 THIRD STREET	Street Address: 5 THIRD STREET
City: BARRINGTON, State: RI, Zip: 02806	City: BARRINGTON, State: RI, Zip: 02806

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

Director Name	Director Name
NONE	NONE
Street Address	Street 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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	150	COMMON	NO PAR

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
JOSEPH M. CAVACO	April 3, 2025

Signature of Authorized Representative: Joseph M. Cavaco

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 12/2023