RI SOS Filing Number: 202570358950 Date: 4/10/2025 4:00:00 PM State of Rhode Island Department of State - Business Services Division FILED Annual Report for the year: 2025 Corporation APR 10 2025 → 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 971464 Blue Hill Plumbing and Heating, Inc. 3 Principal Office Address City State Zip 344 John L. Dietsch Boulevard, Suite 8 North Attleboro MA 02763 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 238820 Plumbing and gas piping installation 5. State of Incorporation MA Check the box to indicate an attachment 7. List ALL officers (names and addresses) President Name Steven K. Henriques Vice-President Name Steven K. Henriques Street Address 344 John L. Dietsch Boulevard, Suite 8 Street Address 344 John L. Dietsch Boulevard, Suite 8 State MA State MA ^{City} North Attleboro ^{Žip}02763 ^{Zıp} 02763 ^{City} North Attleboro Treasurer Name Steven K. Henriques Secretary Name Steven K. Henriques Street Address 344 John L. Dietsch Boulevard, Suite 8 Street Address 344 John L. Dietsch Boulevard, Suite 8 State MA State MA ^{Zıp}02763 ^{City} North Attleboro ^{Zıp}02763 ^{City} North Attleboro 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Steven K. Henriques Director Name Street Address 344 John L. Dietsch Boulevard, Suite 8 Street Address State ^{Zip}02763 City North Attleboro City State Zip MA Director Name Director Name Street Address Street Address City State City 9 Shares Authorized Check the box to indicate an attachment 10. Shares Issued This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 15000 CNP None Changes require an additional filing. 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

MAIL TO:

Name of Authorized Representative

Steven K. Henriques, President Signature of Authorize Septementative

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov March 21,2015