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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.

1. Entity ID Number	2. Exact name of the Corporation			
530453	Evergreen Plumbing & Heating Co., Inc			
3. Principal Office Address		City	State	Zip
2 Evergreen Avenue		Warwick	RI	02888
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238220	HVAC and Plumbing			
5. State of Incorporation				
Rhode Island				

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

President Name: John M. Mastroianni			Vice-President Name: Giuseppe Mastroianni		
Street Address: 2 Evergreen Avenue			Street Address: 2 Evergreen Avenue		
City: Waarwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Secretary Name: John M. Mastroianni			Treasurer Name: John M. Mastroianni		
Street Address: 2 Evergreen Avenue			Street Address: 2 Evergreen Avenue		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

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

Director Name: Adam Bick			Director Name: Kevin Esancy		
Street Address: 2 Evergreen Avenue			Street Address: 2 Evergreen Avenue		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Director Name			Director Name		
Street Address			Street Address		
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
100	Common	No par value

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
John M. Mastroianni	4-22-25

Signature of Authorized Representative: John M. Mastroianni

FILED
APR 22 2025
BY JRZDZ

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