RI SOS Filing Number: 202571708330 Date: 4/25/2025 4:00:00 PM

State of Rhode Islar Department of S		ess Services	Division	 •	- FILED	5750	MP	
Annual Report for the year: 2025 Corporation					APR 25			
Filing period: February 1 - May 1					152	65°	e en	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is not	filed by May 31		BY.		<u> </u>		
Entity ID Number		of the Corporation	1		·· · · · · · · · · · · · · · · · · · ·		-	
000941755	Bill's Hea	ting Service	, Inc.				4	
3. Principal Office Address					State		Zip	
14 Bluff Avenue			Warwi		RI		02889	
4. NAICS Code	· ·		er of busines	ss conducted in Rhoo	ie Island			
811411 5. State of Incorporation	Heating se	Heating service.						
RI								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name William K. Parillo, Jr.			Vice-Presi	Vice-President Name				
Street Address 14 Bluff Avenue			Street Add	Street Address				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City		State		Zip	
Secretary Name Kevin P. Westgate			Treasurer Name William K. Parillo, Jr.					
Street Address 15A Sydney Windsor Road			Street Address 14 Bluff Avenue					
City Chepachet	State RI	<sup>Zip</sup> 02814	City Warwick		State	State RI Zip		
List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name William K. Parillo, Jr.			Director Name					
Street Address 14 Bluff Avenue			Street Address					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City		State	State Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zıp	
9. Shares Authorized		10. Shares Issu			ne box to inc	dicate an att		
This Information is currently of recipepartment of State.	ord in the	NUMBER OF	SHARES	ÇLASS/SI	ERIES	Te 04	PAR VALUE	
Changes require an additional filing.		100		Common		\$.01		
11. This report must be executed on behalf of the cor		orporation by an a	uthorized rea	presentative. If the co	prporation is	in the hand	ds of a re-	
ceiver or trustee, this report must	be executed on b	ehalf of the corpor	ation by the	receiver or trustee.	<u> </u>			
Under penalty of perjury, I deci- statements, and that all statem	ents contained h			rt, including any act	companyin;	y schedule	s and	
Name of Authorized Representative William K. Parillo, Jr.				Date 4/1/2026				
Signature of Authorized Represer	ntative Q	cle /			1 .			
MAR TO:	nevan	iw /					<del></del>	

Division of Business Services
148W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri gov