



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.

REC'D: RIDOS BSD  
25 MAY 9 AM 11:34:45  
AMP

1. Entity ID Number 000010992		2. Exact name of the Corporation Albert S. Gizzarelli Plumbing & Heating, Inc.			
3. Principal Office Address 10 Orchard Avenue			City Greenville	State RI	Zip 02828
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Residential and commercial plumbing and heating			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Albert S. Gizzarelli			Vice-President Name Sharon A. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Sharon A. Gizzarelli			Treasurer Name Albert S. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Albert S. Gizzarelli			Director Name Sharon A. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name Albert S. Gizzarelli, Jr.			Director Name NONE		
Street Address 116 Swan Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	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. <b>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.</b>					
Name of Authorized Representative Sharon A. Gizzarelli, Executrix of the Estate of Albert S. Gizzarelli					Date 05-09-2025
Signature of Authorized Representative <i>Sharon A. Gizzarelli</i>					

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

FILED  
MAY 09 2025  
BY 66 4571