



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 RI SOS BSD
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1. Entity ID Number 796589		2. Exact name of the Corporation BERMUDEZ PLUMBING AND HEATING INC												
3. Principal Office Address 165 GREENSLITT AVENUE			City PAWTUCKET	State RI	Zip 02861									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name NICOLAS BERMUDEZ			Vice-President Name DIEGO ROJAS											
Street Address 165 GREENSLITT AVENUE			Street Address 1272 CENTRAL AVENUE											
City PAWTUCKET	State RI	Zip 02861	City JOHNSTON	State RI	Zip 02919									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">500</td> <td style="text-align: center;">STK</td> <td style="text-align: center;">0.0100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	STK	0.0100			
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500	STK	0.0100												
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 NICOLAS BERMUDEZ					Date 06/03/2025									
Signature of Authorized Representative <i>Nicolas Bermudez</i>					FILED									

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

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