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## State of Rhodè Island

## Department of State - Business Services Division

	SIA. 47
R Eggi	ECETYES PT/OR STE SYMEN

Annual Report for the year:	2025
Corporation -	

- Filing period: February 1 May 1

  Filing Fee: \$50.00

		:e. \$50.0t				
$\rightarrow$	Penalty:	Additional	\$25.00 fe	e if form is	not filed	hy May 1

Penalty: Additional \$25.00 fee if form is not filed by May 31.					23 <u>25 mm 2</u>	<u> </u>	
Entity ID Number 2 Exact name of the Corporation							
OOO 34882 THIRAULT PLOMBING HEATING INC  3. Principal Office Address City State Zip							
Principal Öffice Address		•	City	-	State	Zip	
45 BLACKAMO	RE AVE	-¬ ≍ ,	CRA	NSTON	R.I.	02910	
4. NAICS Code	<ol><li>Brief description</li></ol>	on of the characte	of busines	s conducted in Rhode Is	sland		
1 75020							
5. State of Incorporation							
RI	PLUMBI	UGA HEAT	ING IN	STALLATION	& SERV	VIC E	
7. List ALL officers (names and add	resses)		<u> </u>	Check the bo	ox to indicate	an attachment 🗆	
President Name	Turanus	$\mathcal{T}_{\boldsymbol{\rho}}$	Vice-President Name				
Street Address	) HIBAULT,	•	Street Address				
City BLACKAMO	DRE. AU	<u>E</u>	<u> </u>				
	State A. F.		City		State	Zıp	
Secretary Name	1117	02910	Treasurer I	Name	1		
ONA.							
Street Address			Street Addi	ress			
City	State	Zip	City	<del></del> .	State	Z <sub>i</sub> p	
		<u> </u>	<u> </u>			<u> </u>	
List ALL directors (names and ac Director Name	ddresses)		Director Na		ox to indicate	an attachment	
SOLE PROPRIOTOR			Director Na	ante			
Street Address			Street Address				
City SCACKAN	TONE AV	Zip	City		State	17:n	
CRANSTON	R.T.	02910	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
			Silicet Addiess				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	<u> </u>	Chark the h	ov to indicate	an attachment	
This information is currently of recor	rd in the	NUMBER OF S		CLASS/SERIES		PAR VALUE	
Department of State.		1200	STK			$\alpha$	
Changes require an additional filing.		1000	_	<u> </u>	-	<u> </u>	
		<u> </u>					
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							
Signature of Authorized Representative  Signature of Authorized Representative  Signature of Authorized Representative							
Signature of Authorized Represent	ative	01 1	5	1.710		•	
XICIAN F.	XICIAN F. Whitault b. sx ) LID						

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov