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R.I. DEPT. OF STATE SECRETARY OF STATE
BUS SVCS DIV.

2025 JUL -3 P 2:08

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			
000084297	Richard's Burner Service, Inc.			
3. Principal Office Address		City	State	Zip
275 South Main Street		Coventry	RI	02816
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238220	Heating System Repairs & Service			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Richard Polselli					
Street Address			Street Address		
275 South Main Street					
City	State	Zip	City	State	Zip
Coventry	RI	02816			
Secretary Name			Treasurer Name		
Richard Polselli			Richard Polselli		
Street Address			Street Address		
275 South Main Street			275 South Main Street		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816

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

Director Name			Director Name		
Richard Polselli					
Street Address			Street Address		
275 South Main Street					
City	State	Zip	City	State	Zip
Coventry	RI	02816			
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
Richard Polselli	6/30/25

Signature of Authorized Representative: Richard L. Polselli

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

FORM 630- Revised 12/2023