



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
FILED
FEB 23 2023
 BY 2467

1. Entity ID Number 756137		2. Exact name of the Corporation Sal Manzi & Son Plumbing & Heating, Inc.			
3. Principal Office Address 75 Whispering Pines Drive		City Cranston		State RI	Zip 02921
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing, water, gas and steam fitting of all kinds			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Manzi			Vice-President Name Salvatore Manzi		
Street Address 75 Whispering Pines Drive			Street Address 75 Whispering Pines Drive		
City Cranston		State RI	Zip 02921	City Cranston	
State RI		Zip 02921	State RI		Zip 02921
Secretary Name Salvatore Manzi			Treasurer Name Michael Manzi		
Street Address 75 Whispering Pines Drive			Street Address 75 Whispering Pines Drive		
City Cranston		State RI	Zip 02921	City Cranston	
State RI		Zip 02921	State RI		Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Manzi			Director Name None		
Street Address 75 Whispering Pines Drive			Street Address		
City Cranston		State RI	Zip 02921	City	
State RI		Zip 02921	State		Zip
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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 Michael Manzi				Date 2/19/23	
Signature of Authorized Representative 					

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