



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

JUL 16 2023
BY 12818 PS

- 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 000053159		2. Exact name of the Corporation HAWKES PLUMBING Co. INC.			
3. Principal Office Address 48 Angel Rd.			City Chepachet	State RI	Zip 02814
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING INSTALLATION & MAINTENANCE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Hawkes			Vice-President Name Samuel L. Hawkes		
Street Address 48 Angel Rd			Street Address 62 Angel Rd.		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name			Treasurer Name Kaylan C Hawkes		
Street Address			Street Address 56 Angel Rd		
City	State	Zip	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000		0
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 Anthony Hawkes				Date 7-5-23	
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