



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

FILED

Corporation

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

MAR 28 2024

BY

*[Handwritten signature]*

1. Entity ID Number 001733591		2. Exact name of the Corporation T. CABRAL PLUMBING & HEATING, INC.			
3. Principal Office Address 102 HARVARD STREET			City CRANSTON	State RI	Zip 02920
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name TELMO M. CABRAL			Vice-President Name N/A		
Street Address 102 HARVARD STREET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name TELMO M. CABRAL			Treasurer Name TELMO M. CABRAL		
Street Address 102 HARVARD STREET			Street Address 102 HARVARD STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name TELMO M. CABRAL			Director Name N/A		
Street Address 102 HARVARD STREET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200 SHARES		COMMON	
				NO PAR	
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.					
<i>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.</i>					
Name of Authorized Representative TELMO M. CABRAL					Date 3/22/24
Signature of Authorized Representative <i>[Handwritten signature]</i>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov