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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

***Filing Period: January 1 - March 1 • Filing Fee: $50.00* ***

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
70088	Water Damage Drying Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
2 Elm Street - P.O. Box 414		Westerly	Rhode Island	02891
4. Business Phone No.	5. State of Incorporation			
(401) 596-0225	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
WATER DAMAGE DRYING SERVICE

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
R. Philip Mason	7 Robin Way	Westerly	Rhode Island	02891

Vice President Name	Street Address	City	State	Zip
Suzanne H. Mason	7 Robin Way	Westerly	Rhode Island	02891

Secretary Name	Street Address	City	State	Zip
R. Philip Mason	7 Robin Way	Westerly	Rhode Island	02891

Treasurer Name	Street Address	City	State	Zip
R. Philip Mason	7 Robin Way	Westerly	Rhode Island	02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
R. Philip Mason	7 Robin Way	Westerly	Rhode Island	02891

Director Name	Street Address	City	State	Zip
Ryan P. Mason	1 Jovere Drive	Westerly	Rhode Island	02891

Director Name	Street Address	City	State	Zip
Suzanne H. Mason	7 Robin Way	Westerly	Rhode Island	02891

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
20	Common	No Par
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

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.

Signature _____ Date _____

R. Philip Mason

Print or Type Name

President

Title

[redacted]

File Date FILED
Check No. FEB 19 2008 15-18299
By: By
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