



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 159095		2. Exact name of the Corporation DRAIN PRO, INC.			
3. Principal office address 1700 ELMWOOD AVENUE			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-206-6488			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island PLUMBING, HEATING AND DRAIN CLEANING					
President Name JOSEPH COMPARONE			Vice-President Name JOSEPH COMPARONE		
Street Address 1700 ELMWOOD AVENUE			Street Address 1700 ELMWOOD AVENUE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name JOSEPH COMPARONE			Treasurer Name JOSEPH COMPARONE		
Street Address 1700 ELMWOOD AVENUE			Street Address 1700 ELMWOOD AVENUE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NONE

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 JAN 23 PM 3:04

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 23 2015

By: 240977

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.

Joseph Comparone 1/20/15
 Signature of Authorized Representative _____ Date _____

JOSEPH COMPARONE, PRESIDENT

Print or Type Name of Authorized Representative

A.A.