



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB -8 AM 11:13

1. Entity ID Number 159095		2. Exact name of the Corporation DRAIN PRO, INC.	
3. Principal Office Address 7 LAMPHERE STREET		City WEST WARWICK	State RI
		Zip 02893	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING, HEATING AND DRAIN CLEANING		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name JOSEPH COMPARONE		Vice-President Name SAMANTHA COMPARONE	
Street Address 7 LAMPHERE STREET		Street Address 7 LAMPHERE STREET	
City WEST WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
Secretary Name JOSEPH COMPARONE		Treasurer Name JOPSEH COMPARONE	
Street Address 7 LAMPHERE STREET		Street Address 7 LAMPHERE STREET	
City WEST WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		100 COMMON NONE	
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 JOSEPH COMPARONE		Date 1/27/18	
Signature of Authorized Representative <i>Joseph Comparone</i>		SIGN DOCUMENT HERE FILED	

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

FEB 08 2018

BY 2647 KML

FORM 630 - Revised: 10/2017