State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB -8 AM 11:13

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.

1. Entity ID Number	2. Exact name of the Corporation
159095	DRAIN PRO, INC.

3. Principal Office Address	City	State	Zip
7 LAMPHERE STREET	WEST WARWICK	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~81~~ 238220	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	Zip: 02893	City: WEST WARWICK	State: RI	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	Zip: 02893	City: WEST WARWICK	State: RI	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	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 ☐		
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	Date
JOSEPH COMPARONE	1/27/18

Signature of Authorized Representative: Joseph D Comparone SIGN DOCUMENT HERE

FILED

FEB 08 2018

BY 2647 KM

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

FORM 630 - Revised: 10/2017