



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

- 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 000124460		2. Exact name of the Corporation The Royal Flush Plumbing, Inc.			
3. Principal Office Address 78 Garden Drive			City Riverside	State RI	Zip 02915
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island To carry out a plumbing and drain cleaning business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Watson			Vice-President Name James Watson		
Street Address 78 Garden Drive			Street Address 78 Garden Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name James Watson			Treasurer Name James Watson		
Street Address 78 Garden Drive			Street Address 78 Garden Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Watson			Director Name		
Street Address 78 Garden Drive			Street Address		
City Riverside	State RI	Zip 02915	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		no par value
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 James Watson					Date 12/26/17
Signature of Authorized Representative 					

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

FILED

MAR 01 2018

FORM 630 - Revised: 10/2017

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