RI SOS Filing Number: 201988955940 Date: 3/20/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

ON ATTO HE WELL ATTOM
SECRETARY OF SSTAMP
CORPORATIONS SIV

2019 MAR 20 AM 11: 23 → Penalty: Additional \$25.00 fee if form is not filed by April 1 1. Entity ID Number 2. Exact name of the Corporation 1075330 800 DUCT & VENT. INC. 3. Principal Office Address City State Zip **BRISTOL** RI 02809 555 METACOM AVENUE, LOWER SUITE 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code COMMERICAL AND RESIDENTIAL AIR DUCT CLEANING 238220 5. State of Incorporation 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name RYAN BOUGHTON President Name TERRY WILLIAMS Street Address 6 BAKER STREET Street Address 6 BAKER STREET State RI Slate RI Zip 02809 ^{Zıp}02809 City BRISTOL ^{City} BRISTOL Treasurer Name RYAN BOUGHTON Secretary Name RYAN BOUGHTON Street Address 6 BAKER STREET Street Address 6 BAKER STREET State RI State RI City BRISTOL ^{Zip}02809 ^{Zip} 02809 City BRISTOL 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name NONE Director Name Street Address Street Address City State City State Zip Zip Director Name Director Name Street Address Street Address City Zip City State State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Department of State. COMMON 1000 NONE Changes require an additional filing. 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 7-8-19 RYAN BOUGH 70N Signatore of ntative SIGN DOCUMENT HERE

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 0 2019 11:23

FORM 630 - Revised: 10/2017

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