



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2020 JAN 13 PM 2:11

Annual Report for the year: 2020
 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 000082784		2. Exact name of the Corporation American Home Inspection Service, Inc			
3. Principal Office Address 3D Spyglass Circle		City Hope Valley		State RI	Zip 02832
4. NAICS Code 541350		6. Brief description of the character of business conducted in Rhode Island Building inspection & testing service			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas H Watson Jr.			Vice-President Name Deborah Watson		
Street Address 3D Spyglass Circle			Street Address Deceased 6/3/18		
City Hope Valley		State RI	Zip 02832	City 	
Secretary Name Brett Watson			Treasurer Name 		
Street Address 3D Spyglass Circle			Street Address 		
City Hope Valley		State RI	Zip 02832	City 	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name 			Director Name 		
Street Address 			Street Address 		
City 		State 	Zip 	City 	
Director Name 			Director Name 		
Street Address 			Street Address 		
City 		State 	Zip 	City 	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		0		0	
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 Thomas H Watson Jr.				Date 1/13/20	
Signature of Authorized Representative <i>Thomas H. Watson Jr.</i>					

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
JAN 13 2020
 BY *[Signature]* **TIJEY**
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