



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

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2020 FEB 13 P 12:12 **STAMP**

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 000159095	2. Exact name of the Corporation DRAIN PRO, INC.
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3. Principal Office Address 7 LAMPHERE STREET	City WEST WARWICK	State RI	Zip 02893
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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 <input type="checkbox"/>					
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 JOSEPH 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 <input type="checkbox"/>					
Director Name NONE			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 This information is currently of record in the Department of State.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.	NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 1/23/2020
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Signature of Authorized Representative <i>Joseph Comparone</i>	SIGN DOCUMENT HERE FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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