



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

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.

FILED

APR 02 2020

15642

1. Entity ID Number 41906		2. Exact name of the Corporation BAY PLUMBING SERVICE INC	
3. Principal Office Address 143 HAMILTON ALLENTON RD		City N. KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING + HEATING SERVICE + ALL OTHER RELATED LEGAL BUSINESSES		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RICHARD T MORGAN		Vice-President Name None	
Street Address 143 HAMILTON ALLENTON RD		Street Address None	
City N KINGSTOWN	State RI	Zip 02852	
Secretary Name PATRICIA A MORGAN		Treasurer Name PATRICIA A MORGAN	
Street Address 143 HAMILTON ALLENTON RD		Street Address 143 HAMILTON ALLENTON RD	
City N KINGSTOWN	State RI	Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address None		Street Address None	
City None	State None	Zip None	
Director Name		Director Name	
Street Address		Street Address	
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 10	CLASS/SERIES NO PAR 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 PATRICIA A MORGAN Patricia A Morgan		Date 3-29-2020	
Signature of Authorized Representative Patricia A Morgan		SECRETARY SECRETARY	
DOCUMENT HERE			