RI SOS Filing Number: 202193060650 Date: 2/24/2021 4:00:00 PM

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

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 25 A 8:46

1. Entity ID Number	2. Exact name of the Corporation			
000159095	DRAIN PRO, INC.			
3. Principal Office Address		City	State	Zip
~~7 LAMPHERE STREET~~ 3 HARTFORD PIKE		~~WEST WARWICK~~ NO. SCITUATE	RI	~~02893~~ 02857
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238220	PLUMBING. HEATING AND DRAIN CLEANING			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name		Vice-President Name		
JOSEPH COMPARONE		SAMANTHA COMPARONE		
Street Address		Street Address		
~~7 LAMPHERE STREET~~ 3 HARTFORD PIKE		7 LAMPHERE STREET		
City / State / Zip		City / State / Zip		
~~WEST WARWICK~~ NO SCITUATE / RI / ~~02893~~ 02857		WEST WARWICK / RI / 02893		
Secretary Name		Treasurer Name		
JOSEPH COMPARONE		JOSEPH COMPARONE		
Street Address		Street Address		
7 LAMPHERE STREET		7 LAMPHERE STREET		
City / State / Zip		City / State / Zip		
WEST WARWICK / RI / 02893		WEST WARWICK / RI / 02893		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name		Director Name		
NONE				
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	10. Shares Issued — Check the box to indicate an attachment ☐		
This Information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	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	Date
JOSEPH COMPARONE	2-17-21

Signature of Authorized Representative: Joseph J Comparone

FILED
FEB 25 2021
BY IE3HC

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

FORM 630 - Revised: 10/2017