RI SOS Filing Number: 202195093610 Date: 3/29/2021 4:00:00 PM

State of Rhode Island
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.

1. Entity ID Number	2 Exact name of the Corporation			
000124460	The Royal Flush Plumbing, Inc.			
3. Principal Office Address		City	State	Zip
78 Garden Drive		Riverside	RI	02915
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
238220	To carry out a plumbing and drain cleaning business			
5. State of Incorporation				
Rhode Island				

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

President Name: James Watson			Vice-President Name: James Watson		
Street Address: 78 Garden Drive			Street Address: 78 Garden Drive		
City: Riverside	State: RI	Zip: 02915	City: Riverside	State: RI	Zip: 02915
Secretary Name: James Watson			Treasurer Name: James Watson		
Street Address: 78 Garden Drive			Street Address: 78 Garden Drive		
City: Riverside	State: RI	Zip: 02915	City: Riverside	State: RI	Zip: 02915

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

Director Name: James Watson			Director Name		
Street Address: 78 Garden Drive			Street Address		
City: Riverside	State: RI	Zip: 02915	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		no par value

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
James Watson	3/10/21
Signature of Authorized Representative: JAMES WATSON	

2021 MAR 29 PM 2:44

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

BUS SVCS DIV
RI DEPT OF STATE
RECEIVED

FILED
MAR 29 2021
FORM 630 - Revised: 08/2020
BY: OSRVH A.A.