



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2021**  
**Corporation**

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 BUS SVCS DIV  
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- 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 <b>001673479</b>		2. Exact name of the Corporation <b>Dube's Plumbing, Inc.</b>			
3. Principal Office Address 14 First Avenue		City Blackstone		State MA	Zip 01504
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING CONTRACTOR			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JORDAN DUBE		Vice-President Name JORDAN DUBE			
Street Address 14 FIRST AVENUE		Street Address 14 FIRST AVENUE			
City BLACKSTONE	State MA	Zip 01504	City BLACKSTONE	State MA	Zip 01504
Secretary Name KAYLA LOMAX		Treasurer Name JORDAN DUBE			
Street Address 14 FIRST AVENUE		Street Address 14 FIRST AVENUE			
City BLACKSTONE	State MA	Zip 01504	City BLACKSTONE	State MA	Zip 01504
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JORDAN DUBE		Director Name			
Street Address 14 FIRST AVENUE		Street Address			
City BLACKSTONE	State MA	Zip 01504	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 <i>Jordan Dube</i>				Date 9/16/21	
Signature of Authorized Representative <i>[Signature]</i>				FILED DEC 20 2021 2:12 BY <i>[Signature]</i> KCEZF	

MAIL TO:  
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