



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 SEP 20 PM 12:48

1. Entity ID Number 001673479		2. Exact name of the Corporation Dube's Plumbing, Inc.			
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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
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. <i>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.</i>					
Name of Authorized Representative <i>Jordan Dube</i>					Date 9/16/21
Signature of Authorized Representative <i>[Signature]</i>					

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

FILED
 DEC 20 2021 2:12
 BY *[Signature]* KCEZF