



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023****STAMP****Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 FOR
 SECRETARY OF STATE
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.

1. Entity ID Number 000128581		2. Exact name of the Corporation Gas Master, Inc.				2023 FEB 14 A 11:03	
3. Principal Office Address 41 Pachet Brook Road			City Little Compton		State RI	Zip 02837	
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island THE PROVISION OF SERVICES AND MATERIALS RELATED TO THE INSTALLATION AND REPAIR OF NATURAL GAS APPLIANCES, PIPEFITTING					
5. State of Incorporation RI							
7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>	
President Name Gina M. Augustus			Vice-President Name Francis A. Augustus				
Street Address 41 Pachet Brook Road			Street Address 41 Pachet Brook Road				
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837		
Secretary Name Francis A. Augustus			Treasurer Name Gina M. Augustus				
Street Address 41 Pachet Brook Road			Street Address 41 Pachet Brook Road				
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837		
8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			Director Name				
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				
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>				
Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE 200 Common with 0.00 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 Gina M. Augustus					Date 2/1/2023		
Signature of Authorized Representative <i>Gina M. Augustus</i>					FILED FEB 14 2023 BY <i>ML HD89P</i>		

MAIL TO:
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 Website: www.sos.ri.gov