State of Rhode Island

Department of State - Business Services Division

STAMP

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

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation	2023 FEB 14 A 11:03
000128581	**Gas Master, Inc.**	

3. Principal Office Address	City	State	Zip
41 Pachet Brook Road	**Little Compton**	**RI**	**02837**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	**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 ☐

President Name	Street Address	City	State	Zip
Gina M. Augustus	**41 Pachet Brook Road**	**Little Compton**	**RI**	**02837**

Vice-President Name	Street Address	City	State	Zip
Francis A. Augustus	**41 Pachet Brook Road**	**Little Compton**	**RI**	**02837**

Secretary Name	Street Address	City	State	Zip
Francis A. Augustus	**41 Pachet Brook Road**	**Little Compton**	**RI**	**02837**

Treasurer Name	Street Address	City	State	Zip
Gina M. Augustus	**41 Pachet Brook Road**	**Little Compton**	**RI**	**02837**

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	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. **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	Date
Gina M. Augustus	2/1/2023

Signature of Authorized Representative: Gina M. Augustus

FILED
FEB 14 2023
BY ML HD89P

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov