



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STAMP
 RI DEPT. OF STATE
 BUSINESS SERVICES DIVISION
 2023 FEB 24 A 11:08

1. Entity ID Number 000159095		2. Exact name of the Corporation DRAIN PRO, INC.			
3. Principal Office Address 3 HARTFORD PIKE			City NORTH SCITUATE	State RI	Zip 02857
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING, HEATING AND DRAIN CLEANING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH COMPARONE			Vice-President Name SAMANTHA COMPARONE		
Street Address 3 HARTFORD PIKE			Street Address 3 HARTFORD PIKE		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name JOSEPH COMPARONE			Treasurer Name JOSEPH COMPARONE		
Street Address 3 HARTFORD PKE			Street Address 3 HARTFORD PIKE		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 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	NONE
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 JOSEPH COMPARONE					Date 1-3-23
Signature of Authorized Representative <i>Joseph Comparone</i>					SIGN DOCUMENT HERE FILED

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

FEB 24 2023
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