RI SOS Filing Number: 202329891220 Date: 3/2/2023 4:00:00 PM

State of Rhode Island Department of State	te - Business	s Services Di	vision		-	· ;
Annual Report for the yea Corporation				:	FILED	STAwir
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 			MAR 02 2023			
·		BY				
1. Entity ID Number 000148 (4 9	2. Exact name of Bertrand	Plumbing, Inc.				
3. Principal Office Address			City		State	Zip
1295 Jackson Schoolhouse Road			Pascoag		RI	02859
4. NAICS Code	Brief description of the character of business conducted in Rhode Island					
238220	To engage in the business of providing plumbing services and all other					
5. State of Incorporation RI	lawfully related business.					
7. List ALL officers (names and addresses) Check the box to indicate an attachm						dicate an attachment 🔲
President Name Eugene J. Bertrand			Vice-President Name Karen A. Bertrand			
Street Address 1295 Jackson Schoolhouse Road			Street Address 1295 Jackson Schoolhouse Road			
	State RI	^{Zip} 02859	^{City} Pascoag		State RI	^{Zip} 02859
Secretary Name Eugene J. Bertrand			Treasurer Name Karen A. Bertrand			
Street Address Same			Street Address Same			
City	State	Zip	City		State	Zip
8. List ALL directors (names and ad	Check the box to indicate an attachment					
Director Name Eugene J. Bertrand			Director Name			
Street Address Same			Street Address			
City	State	Ζιρ	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	·	10. Shares Issue			ne box to in	ndicate an attachment
This information is currently of record in the Department of State. Changes require an additional filing.		200 C		CLASS/SERIES Common		
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						
Eugene J. Bertrand 2/3/23						
Signature of Authorized Representative						
and the second s						

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos,ri.gov