



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022
Corporation

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

RECEIVED
 MAR 13 2023

1. Entity ID Number 00088518		2. Exact name of the Corporation The Plumbing Doctor, Inc.			
3. Principal Office Address 44 Crestwood Lane			City Charlestown	State RI	Zip 02813
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing services			
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 Joseph Carmody			Vice-President Name Virginia Carmody		
Street Address 44 Crestwood Lane			Street Address 44 Crestwood Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Joseph Carmody			Treasurer Name Virginia Carmody		
Street Address 44 Crestwood Lane			Street Address 44 Crestwood Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Joseph Carmody			Director Name Virginia Carmody		
Street Address 44 Crestwood Lane			Street Address 44 Crestwood Lane		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		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. 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 Mark S. Berardo, Esq				Date MAR 13 2023	
Signature of Authorized Representative <i>Mark S. Berardo</i>				FILED	
				MAR 16 2023	

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

2:46 BY NAL 898GX