



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2012
Corporation

STAMP

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

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MAR 15 2023

FOR

MAR 15 2023

1. Entity ID Number 00088518		2. Exact name of the Corporation The Plumbing Doctor, Inc.			
3. Principal Office Address 373 Iacuele Drive			City Wakefield	State RI	Zip 02879
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 373 Iacuele Drive			Street Address 373 Iacuele Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Joseph Carmody			Treasurer Name Virginia Carmody		
Street Address 373 Iacuele Drive			Street Address 373 Iacuele Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 373 Iacuele Drive			Street Address 373 Iacuele Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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
		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, duly authorized</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

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