



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.

**STAMP**  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.

2023 MAR 21 P 2:38

1. Entity ID Number 001075330		2. Exact name of the Corporation 800 DUCT & VENT, INC.			
3. Principal Office Address 555 METACOM AVENUE, LOWER SUITE			City BRISTOL	State RI	Zip 02809
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND RESIDENTIAL AIR DUCT CLEANING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name RYAN BOUGHTON			Vice-President Name RYAN BOUGHTON		
Street Address 6 BAKER STREET			Street Address 6 BAKER STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name RYAN BOUGHTON			Treasurer Name RYAN BOUGHTON		
Street Address 6 BAKER STREET			Street Address 6 BAKER STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1000		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.					
<b>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.</b>					
Name of Authorized Representative RYAN BOUGHTON					Date 2/27/23
Signature of Authorized Representative 					

SCAN 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

MAR 21 2023  
 BY mal 1308  
 FORM 630 - Revised: 10/2017