



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

2017

Corporation

→ 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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BUS SVCS DIV

2023 DEC -6 A 10:53

1. Entity ID Number 000911612		2. Exact name of the Corporation ULTimate Plumbing Corporation										
3. Principal Office Address 26 Marigold Drive		City Warwick	State RI									
		Zip 02889										
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING - MOSTLY RESIDENTIAL											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Jason Corvexse		Vice-President Name										
Street Address 26 Marigold Dr		Street Address										
City Warwick	State RI	City	State									
	Zip 02889		Zip									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1		0.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1		0.01										
Changes require an additional filing.												
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 Jason Corvexse			Date 12/05/2023									
Signature of Authorized Representative Jason Corvexse												

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY ML 4K KJX

FORM 630- Revised 04/2023