



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**
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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RI DEPT. OF STATE
BUSINESS SERVICES DIVISION
2024 JAN 22 A 11:38

1. Entity ID Number 000128581			2. Exact name of the Corporation Gas Master, Inc.		
3. Principal Office Address 41 Pachet Brook Road			City Little Compton	State RI	Zip 02837
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island THE PROVISION OF SERVICES AND MATERIALS RELATED TO THE INSTALLATION AND REPAIR OF NATURAL GAS APPLIANCES, PIPEFITTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gina M. Augustus			Vice-President Name Francis A. Augustus		
Street Address 41 Pachet Brook Road			Street Address 41 Pachet Brook Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Francis A. Augustus			Treasurer Name Gina M. Augustus		
Street Address 41 Pachet Brook Road			Street Address 41 Pachet Brook Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			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 Check the box to indicate an attachment ☐		
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 Shares		
			no par value		
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 Gina M. Augustus				Date 1/16/2024	
Signature of Authorized Representative <i>Gina M. Augustus</i>				FILED JAN 22 2024	

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

BY *ML 2218*