



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.

FILED

FEB 09 2024

BY

18306
OS

1. Entity ID Number 000067717		2. Exact name of the Corporation PIPE PRO, INC.			
3. Principal Office Address 873 Main Street			City Hope Valley	State RI	Zip 02832
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island Buying & Selling of industrial materials			
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 James E. Dolan			Vice-President Name		
Street Address PO Box 366			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
Secretary Name Doreen Dolan			Treasurer Name Doreen Dolan		
Street Address PO Box 366			Street Address PO Box 366		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James E. Dolan			Director Name Doreen Dolan		
Street Address PO Box 366			Street Address PO Box 366		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 301	C. ASSISSES Common	PAR VALUE 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 Doreen Dolan				Date 1/31/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov