



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.

REC'D RIDOS BSD
24 FEB 16 PM 12:50:11

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000159095		2. Exact name of the Corporation DRAIN PRO, INC.	
3. Principal Office Address 3 HARTFORD PIKE		City NORTH SCITUATE	State RI
		Zip 02857	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island PLUMBING, HEATING AND DRAIN CLEANING		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH COMPARONE		Vice-President Name SAMANTHA COMPARONE	
Street Address 3 HARTFORD PIKE		Street Address 3 HARTFORD PIKE	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
Zip 02857		Zip 02857	
Secretary Name JOSEPH COMPARONE		Treasurer Name JOSEPH COMPARONE	
Street Address 3 HARTFORD PIKE		Street Address 3 HARTFORD PIKE	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
Zip 02857		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		100	COMMON
			NONE .01
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 JOSEPH COMPARONE			Date 2/12/2024
Signature of Authorized Representative <i>Joe Comparone</i>			FILED FEB 16 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

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