



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FEB 15 2024
9738 *az*

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number 000148049 | | 2. Exact name of the Corporation Bertrand Plumbing, Inc. | | | | | | | | | | | | |
|--|-------------|--|---|--------------|----------------|------------------|--------------|-----------|-----|--------|--------------|--|--|--|
| 3. Principal Office Address 1295 Jackson Schoolhouse Road | | | City Pascoag | State RI | Zip 02859 | | | | | | | | | |
| 4. NAICS Code 238220 | | 6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing plumbing services and all other lawfully related business. | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Eugene J. Bertrand | | | Vice-President Name Karen A. Bertrand | | | | | | | | | | | |
| Street Address 1295 Jackson Schoolhouse Road | | | Street Address 1295 Jackson Schoolhouse Road | | | | | | | | | | | |
| City Pascoag | State RI | Zip 02859 | City Pascoag | State RI | Zip 02859 | | | | | | | | | |
| Secretary Name Eugene J. Bertrand | | | Treasurer Name Karen A. Bertrand | | | | | | | | | | | |
| Street Address Same | | | Street Address Same | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Eugene J. Bertrand | | | Director Name | | | | | | | | | | | |
| Street Address Same | | | 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 <input type="checkbox"/> | | | | | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 200 | Common | no par value | | | |
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| 200 | Common | 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 Eugene J. Bertrand | | | | | Date 2/7/24 | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |

MAIL TO:
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