



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 BSI
24 APR 25 AM 10:41:51

1. Entity ID Number 001754976		2. Exact name of the Corporation Bath Busters, Inc			
3. Principal Office Address 22 North Main Street		City Leominster		State MA	Zip 01453
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General Home Improvement			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gabriel Almeida			Vice-President Name		
Street Address 22 North Main Street			Street Address		
City Leominster	State MA	Zip 01453	City	State	Zip
Secretary Name Gabriel Almeida			Treasurer Name		
Street Address 22 North Main Street			Street Address		
City Leominster	State MA	Zip 01453	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gabriel Almeida			Director Name		
Street Address 22 North Main Street			Street Address		
City Leominster	State MA	Zip 01453	City	State	Zip
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		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		100,000	CNP	\$0.00	
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 Gabriel Almeida				Date 4/25/2024	
Signature of Authorized Representative					

FILED

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

APR 25 2024 10:41am
LKS
BY Online filing FORM 630- Revised: 12/2023