



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSL
24 MAY 2 PM 10:48:25

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.

1. Entity ID Number 41906		2. Exact name of the Corporation BAY PLUMBING SERVICE INC			
3. Principal Office Address 143 HAMILTON ALLENTON RD		City N. KINGSTOWN	State RI	Zip 02852	
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING + HEATING SERVICE - REPAIRS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name RICHARD T MORGAN			Vice-President Name		
Street Address 143 HAMILTON ALLENTON RD			Street Address NONE		
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name PATRICIA A MORGAN			Treasurer Name PATRICIA A MORGAN		
Street Address 143 HAMILTON ALLENTON RD			Street Address 143 HAMILTON ALLENTON RD		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City NONE	State	Zip	City NONE	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.		NUMBER OF SHARES			CLASS/SERIES
		PAR VALUE			
		10	NO PAR COMMON	NONE	
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 PATRICIA A MORGAN SECRETARY				FILED	Date 4-27-24
Signature of Authorized Representative <i>Patricia A Morgan Secretary</i>				MAY 2 2024	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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