



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025

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 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	Zip 02857	City NORTH SCITUATE	State RI
Secretary Name JOSEPH COMPARONE		Treasurer Name JOSEPH COMPARONE		
Street Address 3 HARTFORD PIKE		Street Address 3 HARTFORD PIKE		
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI
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	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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		
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE = 0.01
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 1-3-25	
Signature of Authorized Representative <i>Joseph Comparone</i>		FEB 10 2025 14893		

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