RI SOS Filing Number: 202566228160 Date: 2/24/2025 4:00:00 PM C.OO I IVI Company of the City Company of the Company



State of Rhode Island

Department of State - Business Services Division

Annual	Report	for th	ne yea	r: 2	2025
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Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe								
1. Entity ID Number 000148049	2. Exact name of the Corporation Bertrand Plumbing, Inc.							
. Principal Office Address			City	State		Zip		
1295 Jackson Schoolhouse Road			Pascoa	<u> </u>	RI		02859	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
238220	To engage in the business of providing plumbing services and all other							
5. State of Incorporation	lawfully related business.							
7. List ALL officers (names and add	resses)		Transition of	Check the b	ox to indic	ate an att	achment 🗆	
President Name Eugene J. Berl	Vice-President Name Karen A. Bertrand							
Street Address 1295 Jackson S	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 1295 Jackson Schoolhouse Road			Street Address 1295 Jackson Schoolhouse Road					
^{City} Pascoag	State RI	^{Zip} 02859	^{City} Pascoag			રા	^Z 02859	
List ALL directors (names and ac	dresses)		Director Na	Check the t	oox to indic	cate an att	achment 📋	
Director Name Eugene J. Bertr	and			<u> </u>				
Street Address 1295 Jackson S	Street Address							
^{City} Pascoag	State RI	^{Z_{ip}} 02859	City		State		Zip	
Director Name	Director Name							
Street Address			Street Address					
City	State	Zıp	City		State		Zip	
9. Shares Authorized	<u>.</u>	10. Shares Issu				icate an a	ttachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.			SHARES	Common	<u>"5</u>	no par value		
			-	Common				
11. This report must be executed of	on behalf of the	corporation by an a	uthorized rep	presentative. If the corp	oration is	in the han	ds of a re-	
ceiver or trustee, this report must t	e executed on re and affirm t	behalf of the corpor hat I have examine	ation by the ed this repor	receiver or trustee. 🔙				
statements, and that all stateme Name of Authorized Representativ	nts contained	herein are true an	d correct		Date	//		
Eugene J. Bertrand		2/11/25			S:			
Signature of Authorized Represent	tative			<u> </u>			_ _	
VI TO								

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov **FILED**