RI SOS Filing Number: 202566686050 Date: 3/6/2025 4:00:00 PM _

No.	
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State of Rhode Island

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Department of State	- Rusiness	Services	Division
TIPHIANINENIA DI STATE	- 003111000	~~~~	

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 N	/lay 31.

Penalty: Additional 32 Entity ID Number	2. Exact name	2. Exact name of the Corporation							
000082784		American Home Inspection Service, Inc.							
3. Principal Office Address 10 Sherwood Lane			City Greenv		State RI	Zip 02828			
4. NAICS Code	6. Brief descri	ption of the charact	er of business	s conducted in Rh	ode Island				
541350	Residentia	Residential building and testing service							
5. State of Incorporation Rhode Island									
7. List ALL officers (names a	and addresses)		Man Droeid		the box to indicate	an attachment L			
President Name Thomas I	H. Watson JR		Vice-President Name none						
Street Address 10 Sherwo	ood Lane		Street Addr	ess					
^{City} Greenville	State RI	^{Zip} 02828	City		State	Zip			
Secretary Name	l	1	Treasurer Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
O Li A A L History Compos	and addresses)			Check	the box to indicate	an attachment			
8. List ALL directors (names Director Name	and addresses)		Director Na						
none			Street Add		<u> </u>				
Street Address		<u> </u>							
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 Iss	ued	Chec	k the box to indicat	e an attachment			
This information is currently	of record in the	NUMBER O	F SHARES	T .	SS/SERIES	PAR VALUE			
Department of State.		0		500	0				
Changes require an addition			_						
11. This report must be exe	ecuted on behalf of the	corporation by an	authorized re	presentative. If the	e corporation is in t	he hands of a re-			
ceiver or trustee, this repor Under penalty of perjury, statements, and that all s	I declare and affirm	that I have examin	ed this repo	rt, including any	accompanying s	chedules and			
Name of Authorized Repre		<u> </u>	/4 00./00.		Date	-			
Thomas H Watson JR				03/05/2025					
Signature of Authorized Re	epresentative +L W	- A .		03/08	5/8 <i>0</i> 35				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Mebsite: www.sos.n.gov FORM 630- Revised: 12/20