



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2025 - Amended**

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  
MAR 21 PM 3:18:22  
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1. Entity ID Number <b>001075330</b>		2. Exact name of the Corporation <b>800 DUCT &amp; VENT, INC.</b>	
3. Principal Office Address <b>555 METACOM AVENUE, LOWER SUITE</b>		City <b>BRISTOL</b>	State <b>RI</b>
		Zip <b>02809</b>	
4. NAICS Code <b>561790</b>	6. Brief description of the character of business conducted in Rhode Island <b>COMMERCIAL AND RESIDENTIAL AIR DUCT CLEANING</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RYAN BOUGHTON</b>		Vice-President Name <b>RYAN BOUGHTON</b>	
Street Address <b>6 BAKER STREET</b>		Street Address <b>6 BAKER STREET</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>BRISTOL</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
Secretary Name <b>RYAN BOUGHTON</b>		Treasurer Name <b>RYAN BOUGHTON</b>	
Street Address <b>6 BAKER STREET</b>		Street Address <b>6 BAKER STREET</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>BRISTOL</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<b>1000</b>	<b>COMMON</b>
			<b>NONE</b>
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. <b>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.</b>			
Name of Authorized Representative <b>RYAN BOUGHTON</b>		Date <b>3/21/25</b>	
Signature of Authorized Representative 		<b>FILED</b> <b>MAR 21 2025</b> <b>BY: 3:18 pm</b>	

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



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

March 21, 2025 03:18 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

