


**State of Rhode Island  
Department of State - Business Services Division**
**FILED**
**Annual Report for the year:** 2025  
**Corporation**

APR 08 2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 16978

|  |                    |  |   |                    |                        |
|--|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>41906</b>  |                    | 2. Exact name of the Corporation<br><b>BAY PLUMBING SERVICE INC</b>  |   |                    |                        |
| 3. Principal Office Address<br><b>143 HAMILTON ALLENTON RD</b>   |                    |  | City<br><b>N. KINGSTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02852</b>    |
| 4. NAICS Code<br><b>238220</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>PLUMBING + HEATING SERVICE - REPAIRS</b> |   |                    |                        |
| 5. State of Incorporation<br><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<br><b>RICHARD T MORGAN</b>  |                    |  | Vice-President Name<br><b>NONE</b>  |                    |                        |
| Street Address<br><b>143 HAMILTON ALLENTON RD</b>  |                    |  | Street Address  |                    |                        |
| City<br><b>N. KINGSTOWN</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City  | State              | Zip                    |
| Secretary Name<br><b>PATRICIA A MORGAN</b>   |                    |  | Treasurer Name<br><b>PATRICIA A MORGAN</b>  |                    |                        |
| Street Address<br><b>143 HAMILTON ALLENTON RD</b>  |                    |  | Street Address<br><b>143 HAMILTON ALLENTON RD</b>   |                    |                        |
| City<br><b>N. KINGSTOWN</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>N. KINGSTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02852</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  |                    |  | Director Name   |                    |                        |
| Street Address   |                    |  | Street Address  |                    |                        |
| City<br><b>NONE</b>  | State<br><b>RI</b> | Zip  | City<br><b>NONE</b>   | State<br><b>RI</b> | Zip                    |
| Director Name  |                    |  | Director Name   |                    |                        |
| Street Address   |                    |  | Street Address  |                    |                        |
| City   | State              | Zip  | City  | State              | 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.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |                    |                        |
|  |                    |  | CLASS/SERIES  |                    |                        |
|  |                    |  | PAR VALUE   |                    |                        |
|  |                    |  | <b>10</b>   |                    |                        |
|  |                    |  | <b>NONE</b>   |                    |                        |
|  |                    |  | <b>NO PAR 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.<br><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<br><b>PATRICIA A MORGAN SECRETARY</b>  |                    |  |   |                    | Date<br><b>3-31-25</b> |
| Signature of Authorized Representative<br><i>Patricia A Morgan</i> <i>Secretary</i>  |                    |  |   |                    |                        |