



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 <u>41906</u>		2. Exact name of the Corporation <u>BAY PLUMBING SERVICE INC</u>			
3. Principal Office Address <u>143 HAMILTON ALLENTON RD</u>		City <u>N. KINGSTOWN</u>		State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <u>238220</u>		6. Brief description of the character of business conducted in Rhode Island <u>PLUMBING + HEATING SERVICE - REPAIRS</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>RICHARD T MORGAN</u>			Vice-President Name <u>NONE</u>		
Street Address <u>143 HAMILTON ALLENTON RD</u>			Street Address		
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name <u>PATRICIA A MORGAN</u>			Treasurer Name <u>PATRICIA A MORGAN</u>		
Street Address <u>143 HAMILTON ALLENTON RD</u>			Street Address <u>143 HAMILTON ALLENTON RD</u>		
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City <u>NONE</u>	State <u>RI</u>	Zip	City <u>NONE</u>	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>10</u>	CLASS/SERIES <u>NO PAR COMMON</u>	PAR VALUE <u>NONE</u>
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 <u>PATRICIA A MORGAN SECRETARY</u>					Date <u>3-31-25</u>
Signature of Authorized Representative <u>Patricia A Morgan</u> <u>Secretary</u>					