## State of Rhode Island Department of State - Business Services Division

**FILED** 

Corporation -	<u> 2025                                   </u>	<u> </u>			Al	PR U8 20	25		
→ Filing period: February 1 - I	May 1	<u>.</u>	(OB) BY 16978						
Filing Fee: \$50.00	way i			VE	RY_	1011	5		
→ Penalty: Additional \$25.00 fe	ee if form is not fi	led by May 31.		_					
1, Entity ID Number	2. Exact name of			<u> </u>			<del>, , ,</del>		
41906	BAY	PLUMBIN	1G S	ERVICE	INC				
3. Principal Office Address			City		State	_	Zip		
143 HAMILTO	N ALLEI	NTON RD	N.KI	NGSTOWN		RI	02852		
4. NAICS Code				s conducted in Rhode	sland				
238220	PLUMBIN	VG + HEAT	TING	SERVICE .	- RE	PAIR	5		
5. State of Incorporation		1 1,2		- 4 ( )					
R)									
7. List ALL officers (names and add	resses)		••	Check the	box to inc	dicate an att	achment 🗆		
President Name	canl		Vice-Presid				-		
RICHARD T MOR	6110		Street Addr	NONE	<del></del> _				
143 HAMILTON ALLI	ENTON RI	D	Oli Bet Addi	C33					
City N. KINGSTUWN	State R \	2ip 02852	City		State		Zip		
Secretary Name	1 1/1	1000,0	Treasurer N	Name	L		<u>.</u>		
PATRICIA A MOI									
Street Address 143 HAMILTON ALI	i=altan) (	RD	Street Addr	ess IAMILTON	ALL T-N	JTON R	ζD		
City	State		City		State		Zip OZS52		
N. KINGSTOWN	Ri	Zip 02852	10,	KINGSTOWN		RI			
List ALL directors (names and ac Director Name	Idresses)		Director Na		box to inc	dicate an att	tachment		
Silver Name				Silova Huma					
Street Address			Street Address						
City	State-	Žip	City	DIANI	State		Zip		
Director Name	P	<u> </u>	Director Na	TO OTO	$\underline{H}$	<del></del>	<u> </u>		
Director Name			Director No	iiii <del>o</del>					
Street Address	<u> </u>	<del></del>	Street Addr	ess					
City	State	Zip	City		State		Zip		
	<u> </u>	<u> </u>							
Shares Authorized     This Information is currently of recor	ed in the	10. Shares Issue		Check the		dicate an at	PAR VALUE		
Department of State.	a iii ti <del>id</del>			1		T	ONE		
Changes require an additional filing.		10		NO PAR CO	tting ru	10	8106		
onengos require un accidence ming.									
11. This report must be executed or					poration is	s in the hand	ds of a re-		
ceiver 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  Date									
Name of Authorized Representative		Secre	വലം			, 3-31-	25		
Signature of Authorized Represent	TOKGHIO	0001/6	7	<del></del>		, <u> </u>			
Catrum a Moya	MJ	SECRE- Secretary							
Javien a 1110 ya	y ru	in way							

MAIL TO:

Division of Business Services

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

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