RI SOS Filing Number: 202571110070 Date: 4/21/2025 4:00:00 PM

THE ST
N.
公 表之

State of Rhode Island

Department of State - Business Services Division

_,		
-	, r	
1 1		ட

ADD 9 1 2025

Annual Report for the year:	2025	APR 21 2025			
Corporation		(m) 54 19171			
→ Filing period: February 1	- May 1	(B) BY 18121			
→ Filing Fee: \$50.00					
→ Penalty: Additional \$25.00	fee if form is not filed by May 31.				
1 Entity ID Number	2 Exact name of the Corporation	· · · · ·			

00124460	The Royal Flush Plumbing, Inc.								
3. Principal Office Address 30 Risho Avenue			East Providence		State RI	<u> </u>	Zip 02914		
I. NAICS Code 6. Brief description of the character of business conducted in Rhode Island									
238220	To carry out a plumbing and drain cleaning contracting business.								
5. State of Incorporation	y care pramising and drawn dearning contracting becomes.								
RI									
7. List ALL officers (names and add	resses)			Check the be	ox to indic	ate an atta	achment 🗆		
President Name James Watson			Vice-President Name James Watson						
Street Address 30 Risho Avenue			Street Address 30 Risho Avenue						
City East Providence	State RI	^{Zip} 02914	City East Providence		State	RI	Zip 02914		
Secretary Name James Watson			Treasurer Name James Watson						
Street Address 30 Risho Avenue			Street Address 30 Risho Avenue						
City East Providence	State RI	^{Zıp} 02914	1	t Providence	State	 રા	^Z 02914		
8. List ALL directors (names and ad	Idresses)	_1	ı	Check the b	ox to indi	cate an atta	chment 🗆		
Director Name James Watson		Director Name							
Street Address 30 Risho Avenue		Street Address							
^{City} East Providence	State RI	^{Z_{ip}} 02914	City		State		Zıp		
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State		Ζιρ		
9. Shares Authorized	<u> </u>					cate an att	achment PAR VALUE		
This information is currently of record in the Department of State.		NUMBER OF S	SHARFS CLASS/SERII		No Par Value				
Changes require an additional filing.				<u> </u>					
11. This report must be executed or					oration is	n the hand	s of a re-		
ceiver or trustee, this report must be Under penalty of periury. I declar	e executed on be e and affirm tha	enait of the corpora	tion by the r I this renor	eceiver or trustee. Lincluding anv accon	nnanvino	schedule	s and		
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						
James Watson					4/ // /2025				
Signature of Authorized Representa	ative								

MAIL TO: Division of Business Services

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

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