



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 21 2025

CB BY 18121

1. Entity ID Number 00124460		2. Exact name of the Corporation The Royal Flush Plumbing, Inc.			
3. Principal Office Address 30 Risho Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island To carry out a plumbing and drain cleaning contracting business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Watson			Director Name		
Street Address 30 Risho Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	CNP	No Par Value
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 James Watson				Date 4/ / /2025	
Signature of Authorized Representative 					