

Corporation

State of Rhode Island

Annual Report for the year: 2025

Department of State - Business Services Division

FILED

APR 21 2025

(B) BV 18121

Filing period: February 1 Filing Fee: \$50.00	-				D1			
Penalty: Additional \$25.00					<u>.</u>	<u> </u>		
1. Entity ID Number 00124460		2. Exact name of the Corporation The Royal Flush Plumbing, Inc.						
3. Principal Office Address	City	City State			Zip			
30 Risho Avenue	East P	rovidence	RI		02914			
4. NAICS Code	6. Brief descript	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 RI	1							
7. List ALL officers (names and ad	dresses)			Check the b	oox to indic	cate an att	achment 🔲	
President Name James Watso		Vice-President Name James Watson						
Street Address 30 Risho Aven	Street Addr	Street Address 30 Risho Avenue						
City East Providence	State RI	^{Zip} 02914	City East	East Providence		RI	^{Z_{IP}} 02914	
Secretary Name James Watso		Treasurer Name James Watson						
Street Address 30 Risho Aven	Street Addr	Street Address 30 Risho Avenue						
City East Providence	State RI	^{Zıp} 02914	City East	City East Providence		RI ^{Z_{IP}} 02914		
8. List ALL directors (names and a	addresses)		,	Check the t	oox to indi	cate an att	achment 🔲	
James Watson	Director Na	Director Name						
Street Address 30 Risho Aven	Street Addr	Street Address						
^{City} East Providence	State RI	^{Zip} 02914	City	Dity			Zıp	
Director Name			Director Na	Director Name				
Street Address	Street Address							
City	State	Zip	City	City			Zip	
9. Shares Authorized						icate an at	tachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		ASS/SERIES PAR VALUE			
Changes require an additional filing.		100		CNP	No Par Value		r Value	
11. This report must be executed or		•	•		oration is	in the hand	ds of a re-	
ceiver or trustee, this report must Under penalty of perjury, I declar	are and affirm tha	it I have examine	ed this report		mpanying	scheduk	es and	
statements, and that all statements and that all statements with the statements and that all statements are statements.		rein are true and	d correct.		Date			
James Watson					4/ // /2025			
Signature of Authorized/Represen	ntative							

MAIL TO: Division of Business Services

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

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