RI SOS Filing Number: 202572927640 Date: 5/8/2025 4:00:00 PM

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.

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BUS SVCS DIV

2025 MAY -2 P 2:08

1. Entity ID Number	2. Exact name of the Corporation
000111183	NORTH SCITUATE CHIMNEY SWEEPS INC.

3. Principal Office Address	City	State	Zip
1050 CHOPMIST HILL ROAD	NORTH SCITUATE	RI	02857

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	SALES & SERVICE
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DONALD ROSS JR			Vice-President Name: NONE		
Street Address: 1050 CHOPMIST HILL ROAD			Street Address:		
City: NORTH SCITUATE	State: RI	Zip: 02857	City:	State:	Zip:
Secretary Name: NONE			Treasurer Name: DONNA ROSS		
Street Address:			Street Address: 1050 CHOPMIST HILL ROAD		
City:	State:	Zip:	City: NORTH SCITUATE	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	0

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	Date
DONNA ROSS	4/30/25

Signature of Authorized Representative: Donna M Ross

FILED

MAY 08 2025
BY 9033

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023