

REC'D RIDOS BSD  
JUN 30 AM 9:35:46State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001664701</b>		2. Exact name of the Corporation <b>Flood Fire Pro INC</b>	
3. Principal Office Address <b>852 Upper Union St</b>		City <b>Franklin</b>	State <b>ma</b>
4. NAICS Code <b>562910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Flood + fire restoration - No work performed in State of RI</b>	
5. State of Incorporation <b>MASS</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Matthew Short</b>		Vice-President Name <b>Edward Short</b>	
Street Address <b>as above</b>		Street Address <b>as above</b>	
City	State	City	State
Secretary Name <b>Matthew Short</b>		Treasurer Name <b>Edward Short</b>	
Street Address <b>as above</b>		Street Address <b>as above</b>	
City	State	City	State
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Debra Short</b>		Director Name <b>Edward Short</b>	
Street Address <b>as above</b>		Street Address <b>as above</b>	
City	State	City	State
Director Name <b>Matthew Short</b>		Director Name	
Street Address <b>as above</b>		Street Address	
City	State	City	State
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>15,000</b>	CLASS/SERIES <b>CNP</b>
			PAR VALUE <b>\$0</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Debra Short</b>		Date <b>5-5-25</b>	
Signature of Authorized Representative <b>D. Short</b>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2616  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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