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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.

1. Entity ID Number	2. Exact name of the Corporation		
001664701	Flood Fire Pro INC		
3. Principal Office Address	**City**	**State**	**Zip**
852 Upper Union St	Franklin	ma	02038
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
562910	Flood, fire restoration -		
5. State of Incorporation	No work performed in State of RI		
Mass			

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

President Name	Vice-Presidents Name
Matthew Short	Edward Short
Street Address: as above	Street Address: as above
City / State / Zip	City / State / Zip
Secretary Name	**Treasurer Name**
Matthew Short	Edward Short
Street Address: as above	Street Address: as above
City / State / Zip	City / State / Zip

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

Director Name	Director Name
Debra Short	Edward Short
Street Address: as above	Street Address: as above
City / State / Zip	City / State / Zip
Director Name	**Director Name**
Matthew Short	
Street Address: as above	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	15,000	CNP	$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
Debra Short	5.5.25
Signature of Authorized Representative	
Deb Sho	

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

FILED 9:40A
JUN 30 2025
BY FKyzc

FORM 630- Revised 12/2023