



15570139



STATE OF MONTANA
SECRETARY OF STATE
2023 ANNUAL REPORT

For Office Use Only
STATE OF MONTANA

-FILED-

SECRETARY OF STATE

File Number: 15570139

Date Filed: 2/22/2023 7:59:17 AM

FILING FEE: \$20.00 prior to April 15

FILING FEE: \$35.00 after April 15

Filing Fees & Processing Options		Standard Processing - \$20.00 (\$35.00 if past due date) - Annual Reports are auto-filed		
Filing Effective Date The annual report will be effective when filed.				
Business Type		Domestic Profit Corporation		
Business Sub-Type		General For Profit Corporation		
Business Name		PRO PIPE CORPORATION		
Name of Business Entity		D254159		
The file number of this entity on the records of the Montana Secretary of State is				
Country of Organization		United States		
State of Organization		Montana		
Annual Report Year		2023		
Business Purpose		NONE STATED		
Shares				
Share Type	Series	Shares Authorized	Shares Issued	Share Par Value
Common		1500	0	0.0000
Business Mailing Address of Principal Office				
Address		P. O Box 307 Frenchtown, MT 59834		
Business Physical Address of Principal Office				
Address		20520 Six Mile Rd Huson, MT 59846		
The registered agent on record is:		ROBYNN MARSH Non-Commercial Registered Agent		
Registered Agent		Agent Number RA00314470		
		Email Address		
		Website		
		Physical Address 20520 6 MILE RD (HUSON MT) FRENCHTOWN, MT 59834		
		Mailing Address PO BOX 307 FRENCHTOWN, MT 59834		
Select the Type of Change				
Select one if a registered agent change is needed:				
Directors				



Full Name	Business Mailing Address	Position	Email Address
RON J MARSH	20520 SIX MILE RD HUSON, MT 59846	Director	

Officers

Full Name	Business Mailing Address	Position	Email Address
ROBYNN J MARSH	20520 SIX MILE RD HUSON, MT 59846	Secretary	
RON J MARSH	20520 SIX MILE RD HUSON, MT 59846	President	

Declarations

- ☒ I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.
- ☒ I have been authorized by the business entity to file this document online.
- ☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<u>Self</u>	<u>Robynn J Marsh</u>	<u>02/22/2023</u>
Signer's Capacity	Sign Here	Date

Position

Other Officer

Daytime Contact

Phone Number

(406) 626-5633

Email

robynn.mckinley@pro-pipecorp.com