RI SOS Filing Number: 200805142350 Date: 01/03/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
152775	NEW INSULATION SOLUTIONS, INC.		
3. Street Address Principal Business Office: 5 Benefit Street	City: Providence	State: RI	Zip: 02904-0000
4. Business Phone No.	5. State of Incorporation: RI		
6. Brief Description of the Character of Business Conducted in Rhode Island: insulation			

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Colin D. Whyte			Vice President Name: Colin D. Whyte		
Street Address: 37 Sachem Circle, P.O. Box 308			Street Address: 37 Sachem Circle, P.O. Box 308		
City: West Tisbury	State: MA	Zip: 02575-	City: West Tisbury	State: MA	Zip: 02575-
Secretary Name: Colin D. Whyte			Treasurer Name: Colin D. Whyte		
Street Address: 37 Sachem Circle, P.O. Box 308			Street Address: 37 Sachem Circle, P.O. Box 308		
City: West Tisbury	State: MA	Zip: 02575-	City: West Tisbury	State: MA	Zip: 02575-

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Colin D. Whyte			Director Name: none		
Street Address: 37 Sachem Circle, P.O. Box 308			Street Address: none		
City: West Tisbury	State: MA	Zip: 02575-	City: none	State: none	Zip: none
Director Name: none			Director Name: none		
Street Address: none			Street Address: none		
City: none	State: none	Zip: none	City: none	State: none	Zip: none

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ | **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	No Par	510	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

1/07/08

Signature *Date*

Colin D. Whyte

Print or Type Name

President

Title

File Date FILED

Check No. JAN 03 2008

By By

FOR SECRETARY OF STATE USE ONLY

[redacted]

17268-64-186393