

A. Ralph Mollis, Secretary of Stat Corporations Division

148 W. River Stree Providence, RI 02904-261

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 124537	INSTALL	2. Name of Corporation INSTALLATIONS UNLIMITED, INC.				
3. Street Address Principal Business Office 94 UNDERWOOD AVENUE			WARWICK	State RI	02888	
4. Business Phone No. 5. State of Incorpo 401-301-3005 RHODE ISL					02000	
6. Brief Description of the INSTALLATION AI	Character of Business Condu ND SERVICE OF ELE	icted in Rhode Island CTRONIC EQUIPMEN	Г			
7. NAMES AND ADD	DRESSES OF THE OFF	ICERS: ("X" BOX FOR	ATTACHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name DAVID MOSSBE			Vice President Name			
Street Address			Street Address	·	<u></u>	
94 UNDERWOOD AVENUE			Differ Palliness			
WARWICK	State RI	<i>гір</i> 02888	Сйу	Stette	Zip	
Secretary Name			Treasurer Name DAVID MOSSBER	G	······ b·····	
Street Address			Street Address 94 UNDERWOOD AVENUE			
City	State	Zip	City WARWICK	State RI	Zip 02888	
8. NAMES AND ADD Director Name	RESSES OF THE DIRE	CTORS: ("X" BOX FOR	R ATTACHMENT) 🗌 FILL IN	N SPACES BEFORE USING	G ATTACHMENTS	
DAVID MOSSBEI	RG	•	Director Name			
Street Address			Street Address			
94 UNDERWOOD	AVENUE					
City WARWICK	State RI	2ip 02888	СИу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
9. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR	ATTACHMENT)		 <i>("X" BOX FOR ATTACH</i> CTION <u>MUST</u> BE COMPLETED	MENT)	
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE			100	COMMON	NO PAR VALUE	
This report must be exthis report must be exe	secuted on behalf of the	e corporation by an author corporation by the recei	orized representative. If the cover or trustee.	orporation is in the hands	of a receiver or trustee,	
File Date Check No. MAR 0 2	ED 2009		contained herein ar	mpanying schedules and state e true and correct.	at I have examined this report, ements, and that all statements 2-24-09 Date	
By 1569			DAVID MOSSBERG Print or Type Name			
FOR SECRETAR	Y OF STATE USE ONLY		PRESIDEN	<u>IT</u>		
	<u>-, </u>	J	Title		Form 630 Rev. 12/06	