

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

401.222.3040

1. Corporate ID No. 513065	L G INST	2. Name of Corporation L G INSTALLATION, INC.				
46 CLYDE STREE	Street Address Principal Business Office 46 CLYDE STREET		PAWTUCKET	State RI	Zip	
. Business Phone No. 5. State of Incorporation RHODE ISLAND				02860		
Brief Description of the Ch RESIDENTIAL REMO	aracter of Business Cond DDELING	ucted in Rhode Island				
NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
LUIS GONCALVES			Vice President Name SAME			
reet Address 6 CLYDE STREET			Street Address			
PAWTUCKET	State RI	^Z p 02860	City	State	Zip	
ecretary Name AME			Treasurer Name SAME			
reet Address			Street Address			
τν	State	Zip	City	Stene	Zip	
NAMES AND ADDRE	SSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	SAME	SPACES BEFORE USIN	G ATTACHMENTS	
CLYDE STREET			Street Address			
AWTUCKET	State RI	7:ip 02860	City	State	Zip	
ector Name			Director Name		······l	
eet Address	·		Street Address		<u> </u>	
P	State	Zip	City	State	Zip	
SHARES AUTHORIZE	D - 1 - 2 - 2 - 2	J	10. SHARES ISSUED	"X" BOX FOR ATTACH	1	
his information is currently of record in the Office of the Secretary of			ISSUED SHARES — THIS SECT Number of Shares	Class/Series		
ate. Changes require an additional filing. See Section 9 of struction sheet.		100	COMMON	Par Value NPV		
		·				
report must be execu report must be execu	ited on behalf of the	e corporation by an authorize corporation by the receiver of	d representative. If the cor or trustee.	poration is in the hands	of a receiver or trus	

this report must be executed on behalf of the corporation by the re	eliver or trustee.	er or trustee,
₩ F****	Under penalty of periury I declare and offirm that I have	

				'n				7.	A. Tab
File Date		11	·						
Check No.	-MAR	_0	3	2010	:		. :		
B _Y .	1	Λ	11	-0:10		. :			
BY_		U	PA'U	E STAT	E. F. 101	r. 01			

Under penalty of perjury, I declare and affirm that including any accompanying schedules and stater contained herein are true and correct.	t I have examined this report ments, and that all statement
Signature	Date
LUIS GONCALVES	
Print or Type Name	
PRESIDENT	
Title	
	Form 630 Rev. 08/08