

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

401.222.30

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(cc*d)) is subject to a penalty fee of \$25.00.

39096 3. Street Address Principal Business		ıstries, Inc.			
32 Spring Avenue, P.O. Box 32			<i>сцу</i> Barrington	State RI	Zip 02806
i. Business Phone No. (401) 246-1855 5. State of Incorporation Rhode Island				02000	
. Brief Description of the Character Installation of commercial a	ind industrial in	sulation.			
. NAMES AND ADDRESSES President Name	OF THE OFFI	CERS: ("X" BOX FOR ATTA	(CHMENT) [FILL IN	SPACES BEFORE USING	S ATTACHMENTS
Leonard E. Carlson			VICE President Name		
Street Address			Douglas N. Carlson Street Address		
567 Prospect Street			9 Hazelton Road		
Seekonk	State MA	^{Zip} 02771	Cuy Barrington	State RI	Zip
ecretary Name	. 		Treasurer Name		02806
Leonard E. Carlson			Douglas N. Carlson		
Street Address 567 Prospect Street City State Type			Street Address		
			9 Hazelton Road		
Seekonk	MA State	02771	City Barrington	State RI	Zip 02806
. NAMES AND ADDRESSES	OF THE DIRE	CTORS: ("X" BOX FOR ATT	FACHMENT) [] FILL II	N SPACES BEFORE USIN	G ATTACHMENTS
nrector Name ∟eonard E. Carlson			Director Name		
treet Address			Douglas N. Carlson		
67 Prospect Street			Street Address 9 Hazelton Road		
lty	State	Zip	City	State	7/6
Seekonk	MA	02771	Barrington	RI	Ζψ 02806
irector Name None			Director Name		102000
reet Address	<u> </u>		None		
The second of th			Street Address		
ty	State	Zip	City	State	Zip
CILATED ATTESTO			:		Z.qr
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
h			ISSUED SHARES — THIS SE	CTION <u>MUST</u> BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	common	no par value
			1		
			<u></u>	orporation is in the hands	

File Date _	FILED	- In the factor of the control of th
Check No	MAR 0 2 2011	
By: BY	48311	
F	OR SECRETARY OF STATE USE ONL	Y

Under penalty of perjury, I declare and including any accompanying schedules contained herein are true and conect.	affirm that I have examined this report, and statements, and that all statements
Signature	2/24/11
Leonard E. Carlson	- Jane
Print or Type Name	
President Tule	