



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 2011

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 562900		2. Name of Corporation INFINITY GARAGE SYSTEMS INC.			
3. Street Address Principal Business Office 333 JERICHO TURNPIKE, SUITE 126			City JERICHO	State NEW YORK	Zip 11753
4. Business Phone No. 516-433-1440		5. State of Incorporation CONNECTICUT			
6. Brief Description of the Character of Business Conducted in Rhode Island GARAGE DOOR INSTALLATION AND REPAIRS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT LEFFLER			Vice President Name GERARD AGOSTINELLO		
Street Address 29 THORNGROVE LANE			Street Address 436 9TH STREET		
City DIX HILLS	State NY	Zip 11746	City WEST BABYLON	State NY	Zip 11704
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT LEFFLER			Director Name GERARD AGOSTINELLO		
Street Address 29 THORNGROVE LANE			Street Address 436 9TH STREET		
City DIX HILLS	State NY	Zip 11746	City WEST BABYLON	State NY	Zip 11704
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST 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 20		Class/Series COMMON	Par Value NONE

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.

FILED

File Date: NOV 14 2011

Check No.: BY 3070

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature: Robert Leffler Date: 11/9/11

Print or Type Name: President

Title: _____