

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013.

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

1. Corporate ID No.				· · · · · · · · · · · · · · · · · · ·	er the time prescribed by	
124537	INSTALLAT	2. Name of Corporation INSTALLATIONS UNLIMITED, INC.				
.t. Street Address Principal Husiness Office 94 UNDERWOOD AVENUE			WARWICK	Stata RI	Zip 02888	
		5. State of Incorporation RHODE ISLAND	l		02008	
6. Brief Description of the Char INSTALLATION AND	SERVICE OF ELECT	RONIC EQUIPMENT	,			
THE PROPERTY OF THE PROPERTY O		ERS: ("X" BOX FOR ATTA	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
DAVID MOSSBERG Street Address			Street Address			
94 UNDERWOOD A	VENUE State					
WARWICK	Ri	^{Zip} 02888	City	State	Zip	
Secretary Name			Treasurer Name DAVID MOSSBER	G		
Street Address			Street Address 94 UNDERWOOD AVENUE			
City	Stato	Zip	City WARWICK	State RI	Zip 02888	
8. NAMES AND ADDRES Director Name DAVID MOSSBERG	SES OF THE DIRECT	ORS: ("X" BOX FOR AT)	TACHMENT) [] FILL I Director Name	N SPACES BEFORE USING	7 ATTACHMENTS	
94 UNDERWOOD AVENUE			Street Address			
City WARWICK	State RI	2ip 02888	Спу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR AT	TACHMENT)		 <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 execut his report must be execute	ted on behalf of the co ed on behalf of the co	orporation by an authorize orporation by the receiver o	d representative. If the cor trustee.	corporation is in the hands	of a receiver or trustee,	
			Under penalty of p	erjury, I declare and affirm th	at I have examined this repo	
		FILED	including any acce	ompanying schedules and state re true and correct.	ements, and that all statemen	
File Date		FEB 2 0 2013	Signature	ny .	2-16-13 Date	
Check No.		1072	DAVID MO	SSBERG		
FOR SECRETARY OF		B 1923	Print of Type Name PRESIDEN			
			Title		E (20 p	