



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013/14

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>122236</u>	2. Exact name of the Corporation <u>Integrated Solutions & Services, Inc.</u>		
3. Principal office address <u>506 Green Hill Beach Rd.</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
4. Business Phone No. <u>401-792-0155</u>	5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Management and technical services</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>John H. Powers</u>		Vice-President Name	
Street Address <u>506 Green Hill Beach Rd.</u>		Street Address	
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>John H. Powers</u>		Director Name	
Street Address <u>506 Green Hill Beach Rd.</u>		Street Address	
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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	
		<u>NONE</u>	

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.

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 02 2014

1247

Signature of Authorized Representative

John H. Powers

Print or Type Name of Authorized Representative

12/30/13
Date