



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

2014

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 155350		2. Exact name of the Corporation INSTALLED MEASURES, INC.			
3. Principal office address 156 Rock Hill Road		City Coventry		State RI	Zip 02816
4. Business Phone No. (401) 385-3398		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INSTALLING INSULATION AND ANY AND ALL OTHER ENGERGY AND HOME IMPROVEMENTS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Douglas M. Leavens			Vice-President Name Earl S. Leavens, Jr.		
Street Address 156 Rock Hill Road			Street Address 23 Hubbard Street		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Secretary Name Douglas M. Leavens			Treasurer Name Douglas M. Leavens		
Street Address 156 Rock Hill Road			Street Address 156 Rock Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1000	Common	No Par Value

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 14 2014

BY 610465519

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.

Douglas M. Leavens
Signature of Authorized Representative
DOUGLAS M. LEAVENS

January 13, 2014
Date