



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** 2014

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. <b>31373</b>		2. Exact name of the Corporation <b>I-GARD LIMITED</b>			
3. Principal office address <b>122 BRIARBROOK DR</b>			City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>
4. Business Phone No. <b>401-884-1365</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>PROPERTY RENTAL</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>WALLACE N. MACLEOD</b>			Vice-President Name <b>HEATHER M. FIDDIES</b>		
Street Address <b>122 BRIARBROOK DR</b>			Street Address <b>14 APPLEWOOD RD</b>		
City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>	City <b>NORFOLK</b>	State <b>MA</b>	Zip <b>02056</b>
Secretary Name <b>RODERICK N. MACLEOD</b>			Treasurer Name <b>WALLACE N. MACLEOD</b>		
Street Address <b>170 BROOKHAVEN RD</b>			Street Address <b>122 BRIARBROOK DR</b>		
City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>	City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>WALLACE N. MACLEOD</b>			Director Name <b>HEATHER M. FIDDIES</b>		
Street Address <b>122 BRIARBROOK DR</b>			Street Address <b>14 APPLEWOOD RD</b>		
City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>	City <b>NORFOLK</b>	State <b>MA</b>	Zip <b>02056</b>
Director Name <b>RODERICK N. MACLEOD</b>			Director Name <b>SCOTT W. MACLEOD</b>		
Street Address <b>170 BROOKHAVEN RD</b>			Street Address <b>71 ABBY LANE</b>		
City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>	City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	Zip <b>02852</b>
9. SHARES AUTHORIZED <b>1000 COMMON - NO PAR VALUE</b> 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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NPV</b>

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 \_\_\_\_\_

**FILED**

Check No \_\_\_\_\_

**JAN 29 2014**

By: \_\_\_\_\_

**1390**

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.

**Wallace N. MacLeod** **1/27/14**  
 Signature of Authorized Representative Date

**WALLACE N. MACLEOD**  
 Print or Type Name of Authorized Representative

ASSISTANT TREASURER

SCOTT W. MACLEOD

71 ABBY LANE

NORTH KINGSTOWN, R.I. 02852

**FILED**

**JAN 29 2014**

BY 31373