



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. 123567		2. Exact name of the Corporation Image Plus Corp.			
3. Principal office address 32Nott Highway		City Ashford		State CT	Zip 06278
4. Business Phone No. 860 487-1000		5. State of Incorporation CT			
6. Brief description of the character of business conducted in Rhode Island Work for major oil companies, facility repairs.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Darrell Chaloult			Vice-President Name Linda Chaloult		
Street Address 24 Pamela Court			Street Address 24 Pamela Court		
City Tolland	State CT	Zip 06084	City Tolland	State CT	Zip 06084
Secretary Name Linda Chaloult			Treasurer Name Darrell Chaloult		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
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
			0		
			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.

File Date _____

FILED

Check No _____

By: _____

MAR 07 2014

FOR SECRETARY OF STATE USE ONLY BY **16683**

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.

Darrell Chaloult
Signature of Authorized Representative

03/05/2014

Date

Darrell Chaloult
Print or Type Name of Authorized Representative

3-5-14