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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.	2. Exact name of the Corporation		
21	A.A. Insulation + Siding Inc.		
3. Principal office address: 50 King Street	City: Johnston	State: R.I.	Zip: 02919
4. Business Phone No.: 401-421-3782	5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island: Insulation + Free Home Energy audits			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Angelo Aiello	Paul Aiello
Street Address: 95 University Ave.	Street Address: 106 Austin Ave.
City: Prov. State: R.I. Zip: 02906	City: Greenville State: R.I. Zip: 02828
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Angelo Aiello	
Street Address: 95 University Ave.	Street Address
City: Prov. State: R.I. Zip: 02906	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

2014 JUN 18 AM 10:39 RECEIVED CORPORATIONS DIV

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
	600	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

FILED
JUN 18 2014
By 2266006
A.A.

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.

Angelo Aiello 2/12/14
Signature of Authorized Representative Date

Angelo Aiello
Print or Type Name of Authorized Representative

Angelo Aiello 6/16/14

Form No. 630
Revised: 01/2012

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