



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 2015

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>129960</u>		2. Exact name of the Corporation <u>Accurate Appliance Installations, Inc.</u>		
3. Principal office address <u>209 High St.</u>		City <u>Waketield</u>	State <u>RI</u>	Zip <u>02879</u>
4. Business Phone No. <u>401 932 7724</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Install Household Appliances, Install Household Appliances</u>				
President Name <u>William K Vorhaben</u>		Vice-President Name <u>None</u>		
Street Address <u>209 High St.</u>		Street Address		
City <u>Waketield</u>	State <u>RI</u>	Zip <u>02879</u>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
7. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>None</u>		Director Name <u>None</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
8. SHARES AUTHORIZED <input type="checkbox"/>				
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>100</u>	<u>Common</u>	<u>1.00</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.

William K Vorhaben 11/2/15
 Signature of Authorized Representative Date

William K Vorhaben
 Print or Type Name of Authorized Representative

FILED
 NOV 06 2015

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 FOR SECRETARY OF STATE USE ONLY