



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	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAME AND ADDRESS) ("X" 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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED <input type="checkbox"/> 9. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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 <u>100</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

FILED

NOV 06 2015

91