



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 **2016**

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. 513065		2. Exact name of the Corporation L G INSTALLATION, INC.			
3. Principal office address 46 CLYDE STREET		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL REMODELING					
President Name LUIS GONCALVES					
Vice-President Name SAME					
Street Address 46 CLYDE STREET					
City PAWTUCKET		State RI	Zip 02860	City PAWTUCKET	
Secretary Name SAME		Treasurer Name SAME			
Street Address 46 CLYDE STREET		Street Address 46 CLYDE STREET			
City PAWTUCKET		State RI	Zip 02860	City PAWTUCKET	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LUIS GONCALVES		Director Name LUIS GONCALVES			
Street Address 46 CLYDE STREET		Street Address 46 CLYDE STREET			
City PAWTUCKET		State RI	Zip 02860	City PAWTUCKET	
Director Name LUIS GONCALVES		Director Name LUIS GONCALVES			
Street Address 46 CLYDE STREET		Street Address 46 CLYDE STREET			
City PAWTUCKET		State RI	Zip 02860	City PAWTUCKET	
9. SHARES AUTHORIZED					
10. 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		CLASS/SERIES		PAR VALUE	
100		COMMON		NPV	

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: _____

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Form No. 630
Revised: 01/2012

FILED

JAN 15 2016

BY

KL 51613

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.

Luis Goncalves
Signature of Authorized Representative Date

LUIS GONCALVES
Print or Type Name of Authorized Representative