



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. Entry ID No. <u>562900</u>		2. Exact name of the Corporation <u>INFINITY GARAGE SYSTEMS INC</u>			
3. Principal office address <u>1522 OLD COUNTRY ROAD SUITE 1</u>		City <u>PLAINVIEW</u>	State <u>NY</u>	Zip <u>11803</u>	
4. Business Phone No. <u>516-433-1440</u>		5. State of Incorporation <u>CT</u>			
6. Brief description of the character of business conducted in Rhode Island <u>GARAGE DOOR INSTALLATION - REPAIR - GARAGE DOOR OPENERS</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>ROBERT LEFFLER</u>			Vice-President Name <u>GERARD AGOSTINELLO</u>		
Street Address <u>116 RIVENDEN COURT</u>			Street Address <u>436 9TH STREET</u>		
City <u>MELVILLE</u>	State <u>NY</u>	Zip <u>11747</u>	City <u>W. BABYLON</u>	State <u>NY</u>	Zip <u>11704</u>
Secretary Name <u>- NONE -</u>			Treasurer Name <u>- NONE -</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("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
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 <u>20</u>		CLASS/SERIES <u>STK</u>		PAR VALUE <u>\$</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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 21 2016

RV HL 5339

Signature of Authorized Representative

Date
1/15/16

ROBERT LEFFLER
Print or Type Name of Authorized Representative