



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. 31373		2. Exact name of the Corporation I-GARD LIMITED			
3. Principal office address 122 BRIARBROOK DRIVE			City NO. KINGSTOWN	State RI	Zip 02952
4. Business Phone No. 401-884-1365			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PROPERTY RENTAL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name WALLACE N. MACLEOD			Vice-President Name HEATHER M. FIDES		
Street Address 122 BRIARBROOK DR			Street Address 14 APPLEWOOD RD		
City NO. KINGSTOWN	State R.I.	Zip 02952	City NORFOLK	State MA	Zip 02056
Secretary Name RODERICK N. MACLEOD			Treasurer Name WALLACE N. MACLEOD		
Street Address 170 BROOKHAVEN RD			Street Address 122 BRIARBROOK DR		
City NO. KINGSTOWN	State R.I.	Zip 02952	City NO. KINGSTOWN	State R.I.	Zip 02952
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WALLACE N. MACLEOD			Director Name HEATHER M FIDES		
Street Address 122 BRIARBROOK DR			Street Address 14 APPLEWOOD RD		
City NO KINGSTOWN	State R.I.	Zip 02952	City NORFOLK	State MA	Zip 02056
Director Name RODERICK N. MACLEOD			Director Name SCOTT W. MACLEOD		
Street Address 170 BROOK HAVEN RD			Street Address 71 ABBY LANE		
City NO. KINGSTOWN	State R.I.	Zip 02952	City NO. KINGSTOWN	State R.I.	Zip 02952
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	NPK

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 USE ONLY

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.

Wallace N. MacLeod 2/15/16
 Signature of Authorized Representative _____ Date _____

WALLACE N. MACLEOD
 Print or Type Name of Authorized Representative

FILED

FEB 18 2016

BY 1592
DS

ASSISTANT TREASURER

SCOTT W. MACLEOD

71 ABBY LANE

NO. KINGSTOWN, R.I. 02852

FILED

FEB 18 2016

BY

1552 DS

JD 31313