| State   | e of Rhode Island a<br>Office of the S |          |   |                   | IS      | Fee: \$50.0        |
|---|--|----------|---|-------------------|---------|--------------------|
|   | Division Of                            | Business | Services  |                   |         |                    |
|   | 148 W. River Street                    |          |   |                   |         |                    |
|   | Providence RI 02904-2615               |          |   |                   |         |                    |
| HOPE  | (401)                                  | 222-304  | 40  |                   |         |                    |
| Business Corporation  |  |          |   |                   |         |                    |
| Annual Report   |  |          |   |                   |         |                    |
| Filing Period: January 1 - March  | 1                                      |          |   |                   |         |                    |
| n accordance with R.I.G.L. 7-1<br>annual report within thirty (30) c<br>(c&d)) is subject to a penalty fe | lays after the time presci             |          |   |                   |         |                    |
| ANNUAL REPORT YEAR: 20  | <u>16</u>                              |          |   |                   |         |                    |
| 1. Corporate ID No. 000   | 150866                                 |          |   |                   |         |                    |
| 2. Name of Corporation $\underline{Du}$   | bis Installation Corpora               | tion     |   |                   |         |                    |
| 3. Street Address Principal E   | Business Office:                       |          |   |                   |         |                    |
| No. and Street: <u>3 STON</u>   | EY HILL CIRCLE                         |          |   |                   |         |                    |
| City or Town: <u>COVEN</u>  | <u>TRY</u>                             | Sta      | te: <u>RI</u> Z                                 | Zip: <u>02816</u> | Count   | ry: <u>USA</u>     |
| 4. Business Phone No.   |  |          |   |                   |         |                    |
|   |  |          |   |                   |         |                    |
| 401-822-3024  |  |          |   |                   |         |                    |
| 5. State of Incorporation   |  |          |   |                   |         |                    |
| State: <u>RI</u>  |  |          |   |                   |         |                    |
| 6. Brief Description of the Cl  | haracter of Business C                 | onducte  | d in Rhod                                       | e Island          |         |                    |
|   |  | onadote  |   |                   |         |                    |
|   |  |          |   |                   |         |                    |
| Modular Installation  |  |          |   |                   |         |                    |
| 7. Names and Addresses of   | the Officers and Direct                | ors:     |   |                   |         |                    |
|   |  |          |   |                   |         |                    |
| All officers and directors<br>Incorporator is no longer   |  |          | or director                                     | s have been       | elected | , the title        |
| incorporator is no longer   | applicable, please de                  | iele.    |   |                   |         |                    |
| Title   | Individual Name                        |          | Address   |                   |         |                    |
|   | First, Middle, Last, Suffix            |          | Address, City or Town, State, Zip Code, Country |                   |         |                    |
| PRESIDENT   | TERRI DUBIS                            |          | 3 STONEY HILL CIRCLE<br>COVENTRY, RI 02816- USA |                   |         |                    |
|   |  |          |   |                   |         |                    |
| 8. Shares Authorized and Is   | sued                                   |          |   |                   |         |                    |
|   |  |          |   |                   |         | Total Issued       |
| Class of Stock  | Series of Stock                        | Par Val  | ue Per Sha                                      | Total Aut         | horized | and<br>Outstanding |

|     |          | Shares<br>Number of Shares | Num of<br>Shares |
|-----|----------|----------------------------|------------------|
| STK | \$0.0000 | 100.00                     | 100              |

9. 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.

**Signed this 20 Day of February, 2016 at 11:06:07 AM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By <u>TERRI DUBIS</u>

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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