



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 2017

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. 787725		2. Exact name of the Corporation Insulate 2 Save, Inc.			
3. Principal office address 410 Grove St		City Fall River	State MA	Zip 02720	
4. Business Phone No. 508-567-6706		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Insulation and weatherization of homes					
OFFICERS (NAME AND ADDRESS) (SEE INSTRUCTIONS) FOR ATTACHMENT 1					
President Name Roland R Langerin, JR			Vice-President Name Karen E Langerin		
Street Address 56 Highest Rd			Street Address 56 Highest Rd		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
DIRECTORS (NAME AND ADDRESS) (SEE INSTRUCTIONS) FOR ATTACHMENT 1					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED					
SHARES ISSUED (SEE INSTRUCTIONS) FOR ATTACHMENT 1					
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	
0					

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.

FILED
JAN 19 2017

Signature of Authorized Representative

Date

Roland R Langerin Jr President
Print or Type Name of Authorized Representative