



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. <b>787725</b>		2. Exact name of the Corporation <b>Insulate 2 Save, Inc.</b>			
3. Principal office address <b>410 Grove St</b>			City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
4. Business Phone No. <b>508-567-6706</b>			5. State of Incorporation <b>MA</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Insulation and weatherization of homes</b>					
President Name <b>Roland R Langerin, JR</b>			Vice-President Name <b>Karen E Langerin</b>		
Street Address <b>56 Highest Rd</b>			Street Address <b>56 Highest Rd</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
Secretary Name			Treasurer 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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			<b>0</b>		

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: [Signature] Date: 1/16/17

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

BY

8781 [Signature]