



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 114469		2. Exact name of the Corporation ATLAS INSULATION CO., INC.			
3. Principal Office Address 116 Danielson Pike			City North Scituate	State RI	Zip 02857
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island The provision of goods and services in the insulation, gutter and shelving industries			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul J. Catanzaro			Vice-President Name Christopher J. Catanzaro		
Street Address 116 Danielson Pike			Street Address 116 Danielson Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Paul J. Catanzaro			Treasurer Name Christopher J. Catanzaro		
Street Address 116 Danielson Pike			Street Address 116 Danielson Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul J. Catanzaro			Director Name Christopher J. Catanzaro		
Street Address 116 Danielson Pike			Street Address 116 Danielson Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name David J. Catanzaro			Director Name Peter J. Catanzaro and Andrew J. Catanzaro		
Street Address 116 Danielson Pike			Street Address 116 Danielson Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		common	\$0.01
11. 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.					
Name of Authorized Representative Paul J. Catanzaro, President					Date 3-6-17
Signature of Authorized Representative <i>Paul J. Catanzaro</i> FILED <i>DZ</i> MAR 29 2017 142					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov