



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.

FILED

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 SEP 18 PM 12:38

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 838310	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	City North Scituate	State RI
Zip 02857		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	City North Scituate	State RI
Zip 02857		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	City North Scituate	State RI
Zip 02857		Zip 02857	
Director Name Steven Paige		Director Name Peter J. Catanzaro and Andrew J. Catanzaro	
Street Address 161 Pilgrim Avenue		Street Address 116 Danielson Pike	
City Coventry	State RI	City North Scituate	State RI
Zip 02816		Zip 02886	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		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 9-1-17	
Signature of Authorized Representative 		FILED	
		SEP 18 2017	

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

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 18, 2017 12:38 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

