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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 MAR - 1 *PH 31

Corporation

→ Filing period. January 1 - March 1 → Filing Fee: \$50.00

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

| Entity ID Number | 2. Exact nam | ne of the Corporatio | n | | | | |
|---|--|-------------------------------|---|-------------------------|--------------|-----------------------------|--|
| 1659205 | All Phase Lead Inspections, Inc. | | | | | | |
| Principal Office Address | | | City | | State | Zip | |
| 162 Park Avenue | | | Warwick | | Ri | 02889 | |
| | | | | | | | |
| 4. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 541690 | Lead inspections | | | | | | |
| 5 State of Incorporation | | | | | | | |
| Rhode Island | | | | | | | |
| 7. List ALL officers (names and | addresses) | | | Check t | he box to i | ndicate an attachment 🔲 | |
| President Name Loriann Bose | | | Vice-President Name | | | | |
| Street Address 162 Park Avenue | | | Street Address | | | | |
| City Warwick | State RI | Z ¹ P 02889 | ' | | State | Ζιρ | |
| Secretary Name Loriann Bose | | | Treasurer Name Loriann Bose | | | | |
| Street Address 162 Park Avenue | | | Street Address 162 Park Avenue | | | | |
| City Warwick | State RI | ^{Zıp} 02889 | City Warwick | | State RI | ^{Zip} 02889 | |
| 8. List ALL directors (names an | nd addresses) | | | Check t | the box to i | ndicate an attachment | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| | | | | | | | |
| City | Stale | Zip | City | | State Zıp | | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| 9. Shares Authorized | | 10. Shares Iss | ued Check the box to indicate an attachment | | | | |
| This information is currently of record in the | | NUMBER O | | CLASS/SERIES PAR VALUE | | | |
| Department of State. Changes require an additional filing. | | 100 | | Common | | \$.01 | |
| | | | | | | | |
| 11. This report must be execute | ed on behalf of the | corporation by an | authorized repres | entative. If the corpor | ration is in | the hands of a receiver or | |
| trustee, this report must be exe | ecuted on behalf of | the corporation by | the receiver or tr | ustee | | | |
| Under penalty of perjury, I de | | | | ncluding any accom | panying s | chedules and | |
| Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date | | | | | | | |
| Loriann Bose, President 2/12/18 | | | | | | | |
| Signature of Authorized Repres | sentative | SIGN DO | CUMENT I EFF | LED | / | 112 | |
| | | | | • | | | |
| | | | | 0.4. 2040 | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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