



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

State of Rhode Island

- 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 121580		2. Exact name of the Corporation Innovative Home Systems, Inc.					
3. Principal Office Address 512 Tuckerman Avenue		City Middletown		State RI	Zip 02842		
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Custom electronic design and installation.					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Shawn J. Bennett			Vice-President Name Shawn J. Bennett				
Street Address PO Box 4039			Street Address PO Box 4039				
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842		
Secretary Name Shawn J. Bennett			Treasurer Name Shawn J. Bennett				
Street Address PO Box 4039			Street Address PO Box 4039				
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
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		
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	No par
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 Shawn J. Bennett					Date March 05, 2018		
Signature of Authorized Representative <i>Shawn J. Bennett</i>							

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

FILED

MAR 07 2018

0530