



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 **2018**

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>103954</b>		2. Exact name of the Corporation <b>ALL PHASE INSULATION, INC.</b>			
3. Principal office address <b>300 Centerville Road, Summit East, Suite 330</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 349-4575</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>INSTALLING INSULATION IN COMMERCIAL AND RESIDENTIAL BUILDINGS AND STRUCTERS</b>					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Timothy Charlonne</b>			Vice-President Name <b>Cheryl Charlonne</b>		
Street Address <b>15 Crest Circle</b>			Street Address <b>15 Crest Circle</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>Timothy Charlonne</b>			Treasurer Name <b>Timothy Charlonne</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>NONE</b>			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	COMMON	NO PAR

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.

File Date

**FEB 01 2018**

Check No

By:

**BY**

**DZ 4631**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

**Timothy Charlonne**

Print or Type Name of Authorized Representative