



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

Annual Report for the year: 2019
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 135177		2. Exact name of the Corporation Rhode Island Blown-In Cellulose Insulation, Inc.			
3. Principal Office Address 15 Abbi Lane			City Hope	State RI	Zip 02831
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Insulation Installation			
5. State of Incorporation Rhode Island		(401)741-5067			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Macari			Vice-President Name Michael Macari		
Street Address 15 Abbi Lane			Street Address 15 Abbi Lane		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
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	
		0		0	
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 Michael Macari					Date 1-15-19
Signature of Authorized Representative					SIGN DEPARTMENT OF STATE FILED JAN 23 2019 BY <u>17510</u>

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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