



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<br><b>124537</b>   |                    | 2. Exact name of the Corporation<br><b>INSTALLATIONS UNLIMITED, INC.</b>   |   |                        |                     |
| 3. Principal Office Address<br><b>94 UNDERWOOD AVENUE</b>  |                    |  | City<br><b>WARWICK</b>  | State<br><b>RI</b>     | Zip<br><b>02888</b> |
| 4. NAICS Code <b>423490</b><br>Professional, Scientific, and Technical Services  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>INSTALLATION AND SERVICE OF ELECTRONIC EQUIPMENT</b> |   |                        |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |  |   |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                        |                     |
| President Name<br><b>DAVID MOSSBERG</b>  |                    |  | Vice-President Name   |                        |                     |
| Street Address<br><b>94 UNDERWOOD AVENUE</b>   |                    |  | Street Address  |                        |                     |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>  | City  | State                  | Zip                 |
| Secretary Name   |                    |  | Treasurer Name<br><b>DAVID MOSSBERG</b>   |                        |                     |
| Street Address   |                    |  | Street Address<br><b>94 UNDERWOOD AVENUE</b>  |                        |                     |
| City   | State              | Zip  | City<br><b>WARWICK</b>  | State<br><b>RI</b>     | Zip<br><b>02888</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                        |                     |
| Director Name<br><b>DAVID MOSSBERG</b>   |                    |  | Director Name   |                        |                     |
| Street Address<br><b>94 UNDERWOOD AVENUE</b>   |                    |  | Street Address  |                        |                     |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>  | City  | State                  | Zip                 |
| Director Name  |                    |  | Director Name   |                        |                     |
| Street Address   |                    |  | Street Address  |                        |                     |
| City   | State              | Zip  | City  | State                  | Zip                 |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |                     |
|  |                    |  | NUMBER OF SHARES  | CLASS/SERIES           | PAR VALUE           |
|  |                    |  | <b>100</b>  | <b>COMMON</b>          | <b>NO PAR VALUE</b> |
|  |                    |  |   |                        |                     |
| 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.<br><i>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.</i> |                    |  |   |                        |                     |
| Name of Authorized Representative<br><b>DAVID MOSSBERG</b>   |                    |  |   | Date<br><b>1-25-19</b> |                     |
| Signature of Authorized Representative<br>   |                    |  |   | SIGN DOCUMENT HERE     |                     |

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**  
**JAN 28 2019**  
 BY 2508 DS FORM 530 Revised: 02/2017