



RI SOS Filing Number: 201985612440 Date: 1/30/2019 4:00:00 PM

State of Rhode Island and Providence Plantations  
Department of State – Business Services Division**FILED**

JAN 30 2019

BY

4348

**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. Corporate ID No. 000830989		2. Name of Corporation ABW Insulation Company			
3. Street Address Principal Business Office 92 Sunvalley Drive			City Cumberland	State RI	Zip 02864
4. NAICS Code 238310		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island insulation subcontracting and general contracting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Todd H. Leduc			Vice President Name		
Street Address 92 Sunvalley Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Todd H. Leduc			Treasurer Name Todd H. Leduc		
Street Address 92 Sunvalley Drive			Street Address 92 Sunvalley Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.			ISSUED SHARES - THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			200 common shares \$.01 par value		

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.

Signature

Date

1-15-19

Todd H. Leduc

Print or Type Name

President

Title

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

Form 630 – Revised: 10/2016