



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

Annual Report for the year: 2019  
**Corporation**

**STAMP**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE

1. Entity ID Number <b>31373</b>	2. Exact name of the Corporation <b>I-GARD LIMITED</b>		
3. Principal Office Address <b>122 BRIARBROOK DRIVE</b>		City <b>NORTH KINGSTOWN</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>PROPERTY RENTAL</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
President Name <b>WALLACE N. MACLEOD</b>		Vice-President Name <b>HEATHER M. FIDES</b>	
Street Address <b>122 BRIARBROOK DR</b>		Street Address <b>14 APPLEWOOD RD.</b>	
City <b>NO. KINGSTOWN</b>	State <b>RI</b>	City <b>NORFOLK</b>	State <b>MA</b>
Zip <b>02852</b>		Zip <b>02056</b>	
Secretary Name <b>RODERICK N. MACLEOD</b>		Treasurer Name <b>WALLACE N. MACLEOD</b>	
Street Address <b>170 BROOKHAVEN RD</b>		Street Address <b>122 BRIARBROOK DR.</b>	
City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>
Zip <b>02852</b>		Zip <b>02852</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 <b>WALLACE N. MACLEOD</b>		Director Name <b>HEATHER M. FIDES</b>	
Street Address <b>122 BRIARBROOK DR</b>		Street Address <b>14 APPLEWOOD RD</b>	
City <b>NO KINGSTOWN</b>	State <b>R.I.</b>	City <b>NORFOLK</b>	State <b>MA</b>
Zip <b>02852</b>		Zip <b>02056</b>	
Director Name <b>RODERICK N. MACLEOD</b>		Director Name <b>SCOTT W. MACLEOD</b>	
Street Address <b>170 BROOKHAVEN RD</b>		Street Address <b>71 ABBY LANE</b>	
City <b>NO. KINGSTOWN</b>	State <b>R.I.</b>	City <b>NO KINGSTOWN</b>	State <b>R.I</b>
Zip <b>02852</b>		Zip <b>02852</b>	

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>100</b>	<b>COMMON</b>	<b>NPV</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.

**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 <b>WALLACE N. MACLEOD</b>	Date <b>2-19-19</b>
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Signature of Authorized Representative <i>Wallace N. MacLeod</i>	SIGN DOCUMENT HERE
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**FILED**

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

**FEB 21 2019**

BY 1137 DS FORM 630 - Revised: 10/2017

Assistant Treasurer

SCOTT W. MACLEOD

71 ABBY LANE

NO. KINGSTOWN, R.I. 02852

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FEB 21 2019

BY 1137 DS

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