



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>124537</b>		2. Name of Corporation <b>Installations Unlimited, Inc.</b>			
3. Street Address: Principal Business Office <b>94 UNDERWOOD AVENUE</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>(401) 301-3005</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>273</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSTALLATION AND SERVICE OF ELECTRONIC EQUIPMENT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DAVID MOSSBERG</b>			Vice President Name		
Street Address <b>94 UNDERWOOD AVENUE</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Secretary Name			Treasurer Name <b>DAVID MOSSBERG</b>		
Street Address			Street Address <b>94 UNDERWOOD AVENUE</b>		
City	State	Zip	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>DAVID MOSSBERG</b>			Director Name		
Street Address <b>94 UNDERWOOD AVENUE</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date APR 29 2005  
Check No. 1014  
By: [Signature]  
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 Officer [Signature] Date 2-25-05  
DAVID MOSSBERG  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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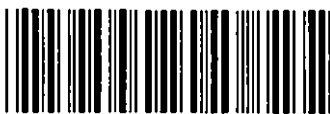
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>124537</b>		2. Name of Corporation <b>Installations Unlimited, Inc.</b>			
3. Street Address Principal Business Office <b>94 Underwood Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>(401) 301-3005</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>273</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSTALLATION AND SERVICE OF ELECTRONIC EQUIPMENT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>David Mossberg</b>			Vice President Name		
Street Address <b>94 Underwood Avenue</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Secretary Name			Treasurer Name <b>David Mossberg</b>		
Street Address			Street Address <b>94 Underwood Avenue</b>		
City	State	Zip	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>David Mossberg</b>			Director Name		
Street Address <b>94 Underwood Avenue</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 4 5 3 7 \*

File Date 2-18-04  
Check No. 0270  
By: [Signature]

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] 2-17-04  
Signature of Officer Date

DAVID MOSSBERG  
Print or Type Name of Officer

PRES.  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 124537 2. Name of Corporation Installations Unlimited, Inc.  
3. Street Address Principal Business Office 94 Underwood Avenue City Warwick State RI Zip 02888  
4. Business Phone No. (401) 301-3005 5. State of Incorporation Rhode Island 6. SIC Code 0273

7. Brief Description of the Character of Business Conducted in Rhode Island

Electronic Installations

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name David Mossberg Vice President Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name \_\_\_\_\_ Treasurer Name David Mossberg  
Street Address \_\_\_\_\_ Street Address 94 Underwood Avenue  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City Warwick State RI Zip 02888

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name David Mossberg 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 \_\_\_\_\_

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
600	No Par Value	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/24/03  
Check No.: 166  
By: [Signature]

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] 2/21/03  
Signature of Officer Date  
DAVID MOSSBERG  
Print or Type Name of Officer  
Pres.  
Title of Officer