



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

Annual Report for the year: 2020
Corporation

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

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number <u>151595</u>		2. Exact name of the Corporation <u>Affordable Insulation</u>	
3. Principal Office Address <u>22 Dudley St</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>238290</u>		6. Brief description of the character of business conducted in Rhode Island <u>Insulation</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>AMANDIA FERNANDES</u>		Vice-President Name	
Street Address <u>13 HUBBARD AV</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		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.			
Name of Authorized Representative			Date
Signature of Authorized Representative			

FILED

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BY CH GMHGR
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