



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

**FILED**

MAR 30 2020

1764 02

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.

1. Entity ID Number <b>16860825</b>		2. Exact name of the Corporation <b>PSR Custom A/V, Inc.</b>	
3. Principal Office Address <b>64 Forand Lane</b>		City <b>Tiverton</b>	State <b>RI</b>
		Zip <b>02878</b>	
4. NAICS Code <b>238990</b>	6. Brief description of the character of business conducted in Rhode Island <b>Wiring and Installation of Audio-Video Equipment</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 type="checkbox"/></span>			
President Name <b>Carla Jewell</b>		Vice-President Name <b>Ross Jarvis</b>	
Street Address <b>64 Forand Lane</b>		Street Address <b>39 Sowans Av.</b>	
City <b>Tiverton</b>	State <b>RI</b>	City <b>Aristol</b>	State <b>RI</b>
Secretary Name <b>Carla Jewell</b>		Treasurer Name <b>Carla Jewell</b>	
Street Address <b>same as above</b>		Street Address <b>same as above</b>	
City	State	City	State
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>Carla Jewell</b>		Director Name <b>Scott Trencholme</b>	
Street Address <b>same as above</b>		Street Address <b>52 Bradley Ter.</b>	
City	State	City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
Director Name <b>Ross Jarvis</b>		Director Name	
Street Address <b>same as above</b>		Street Address	
City	State	City	State
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	
		C. ASS/SFRIES	
		PAR VALUE	
		<b>100</b>	
		<b>Common</b>	
		<b>No Par</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>Carla Jewell</b>			Date <b>3/1/20</b>
Signature of Authorized Representative <b>Carla Jewell</b>			SIGN DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov