



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

Annual Report for the year: 2020
 Corporation

FILED

MAR 30 2020

1764 02

- 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 16860825		2. Exact name of the Corporation PSR Custom A/V, Inc.			
3. Principal Office Address 64 Forand Lane		City Tiverton	State RI	Zip 02878	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Wiring and Installation of Audio-Video Equipment				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carla Jewell			Vice-President Name Ross Jarvis		
Street Address 64 Forand Lane			Street Address 39 Sowans Av.		
City Tiverton	State RI	Zip 02878	City Aristol	State RI	Zip 02809
Secretary Name Carla Jewell			Treasurer Name Carla Jewell		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carla Jewell			Director Name Scott Trencholme		
Street Address same as above			Street Address 52 Bradley Ter.		
City	State	Zip	City Portsmouth	State RI	Zip 02871
Director Name Ross Jarvis			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	C. ASS/SERIES Common	PAR VALUE No Par
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 Carla Jewell				Date 3/1/20	
Signature of Authorized Representative Carla Jewell				SIGN DOCUMENT HERE	

MAIL TO:
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