RI SOS Filing Number: 202061609040 Date: 10/6/2020 9:33:00 AM

State of Rhode Island

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.

R.I. DEPT OF STATE
BUS SVCS DIV
2020 OCT -6 AM 9:31

1. Entity ID Number	2. Exact name of the Corporation		
001659322	Pro AV Systems, Inc.		
3. Principal Office Address	City	State	Zip
275 Billerica Road; Suite 3	Chelmsford	MA	01824
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
334310	Sales and Installation of Audio Visual Presentation Systems		
5. State of Incorporation			
MA			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kimberly A. Bishop			Vice-President Name: Leslie C. Bishop		
Street Address: 47 Drexel Drive			Street Address: 47 Drexel Drive		
City: North Chelmsford	State: MA	Zip: 01863	City: North Chelmsford	State: MA	Zip: 01863
Secretary Name: Leslie C. Bishop			Treasurer Name: Leslie C. Bishop		
Street Address: 47 Drexel Drive			Street Address: 47 Drexel Drive		
City: North Chelmsford	State: MA	Zip: 01863	City: North Chelmsford	State: MA	Zip: 01863

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David E. Bishop			Director Name: None		
Street Address: 3 Lovett Lane			Street Address: None		
City: North Chelmsford	State: MA	Zip: 01863	City: None	State: None	Zip: None
Director Name: None			Director Name: None		
Street Address: None			Street Address: None		
City: None	State: None	Zip: Nond	City: None	State: None	Zip: None

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10000	CNP	0

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
Kimberly A. Bishop	8/31/2020

Signature of Authorized Representative: Kimberly A. Bishop, President

FILED
OCT 06 2020
A.A. 9:33 A.M.
61358

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

FORM 630 - Revised: 08/2020