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BUS SVCS DIV



State of Rhode Island

Department of State - Business Services Division

2028 NOV -5 P 2: 53

Annual Report for the year:	0420
Corporation	<u> 2020 </u>
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- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by April 1

Entity ID Number		2. Exact name of the Corporation						
167G381		INTEGRATED CONSULTING GROUP INC.						
3. Principal Office Address		HIEU CONSULI	City	•	State	Zip		
32 FRESNO RO	040		WARWICK		RT	02886		
4. NAICS Code	6. Brief des	6. Brief description of the character of business conducted in Rhode Island						
238220	ENGINE	ENGINEERING SERVICES, MECHANICAL HYAC, PLUMBING & ELECTRICAL CONTENCTOR						
5. State of Incorporation	CENERAL	CONTRACTOR (e.		C, PLUMO	NO & ELECTR	CICAL CONTENCIOR,		
PHODE ISLAND	Geweinse	. CON INNE ION CO	mmencial 4 Residei	NIAL) AND :	ene work se	RVICES.		
7. List ALL officers (names a		. .	.=:			ate an attachment		
President Name			Vice-President Name					
PAUL DEAN reet Address			Street Address					
32 FRESINO ROAD			Street Address					
City WARWICK	State	Zip 62886	City	-	State	Zip		
Secretary Name		02004	Treasurer Name		<u> </u>			
<u> </u>				Noscardi Name				
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
8. List ALL directors (names	and addresses)	<u> </u>		Check	the box to indic	ate an attachment		
Director Name			Director Name	000	Turo Don to maio			
Street Address			Charact Addison					
Silver i dal cos			Street Address					
City	State	Zip	City		State	Zip		
Director Name		. .	Director Name			1		
Street Address			Street Address					
			000003					
City	State	Zip	City	N.	State	Zıp		
9. Shares Authorized	<u> </u>	10. Shares Iss	L sued	Check	the hox to indic	ate an attachment		
This information is currently of	of record in the		NUMBER OF SHARES CLASS/SERIES PAR VA. UF					
Department of State. Changes require an additional filing.			$\hat{}$			\cap		
			<u> </u>					
11. This report must be exec	cuted on habalf of th	o compretion by an	outhorized regressitati	us. If the earn	acation is in the			
trustee, this report must be a	executed on behalf of	of the corporation by	aumonzed representati the receiver or trustee.	ive. If the corpo	oration is in the	nands of a receiver or		
Under penalty of perjury, I	declare and affirm	that I have examin	ed this report, includ		npanying sche	dules and		
statements, and that all sta Name of Authorized Represe	<u>atements containe</u> entative	<u>d herein are true ar</u>	nd correct.		Date			
Paul Den					11/5/0	2000		
Signature of Authorized Rep	resentative				11/3/2	020		
1110		gri¢n) =	: P= F					
FOUL SIERA		<u>F</u> i	LED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov NOV 0 5 2020