RI SOS Filing Number: 202188964640 Date: 1/29/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2021
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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| 7 Finally. Additional \$25.00 F  |  |                      |                                    |                                       |   | <u> </u>                |  |
|--|--|----------------------|------------------------------------|---------------------------------------|---|-------------------------|--|
| 1. Entity ID Number  | 2. Exact name of the Corporation   |                      |                                    |                                       |   |                         |  |
| 124537   | INSTALLATIONS UNLIMITED, INC.  |                      |                                    |                                       |   |                         |  |
| 3. Principal Office Address  |  | <del></del>          | City                               |                                       | State                                   | Zip                     |  |
| 94 UNDERWOOD AVENUE  |  |                      | WARWICK                            |                                       | RI                                      | 02888                   |  |
| 4. NAICS Code 5. State of incorporation  | 6. Brief description of the character of business conducted in Rhode Island  ISTALLATION AND SERVICE OF ELECTRONIC EQUIPMENT |                      |                                    |                                       |   |                         |  |
| RHODE ISLAND   |  |                      |                                    |                                       |   |                         |  |
| <ol><li>List ALL officers (names and ad</li></ol>  | dresses)   | <u> </u>             |                                    | Check                                 | the box to i                            | ndicate an attachment 🔲 |  |
| President Name DAVID MOSSBERG  |  |                      | Vice-President Name                |                                       |   |                         |  |
| Street Address 94 UNDERWOOD AVENUE   |  |                      | Street Address                     |                                       |   |                         |  |
| City WARWICK   | State RI   | Zip 02888            | City                               |                                       | State                                   | Zip                     |  |
| Secretary Name   |  |                      |                                    | Treasurer Name DAVID MOSSBERG         |   |                         |  |
| Street Address   |  |                      | Street Address 94 UNDERWOOD AVENUE |                                       |   |                         |  |
| City   | State  | Zip                  | City WARWICK                       |                                       | State RI                                | <sup>Zip</sup> 02888    |  |
| 8. List ALL directors (names and a   | ddresses)  |                      |                                    | Check                                 | the box to i                            | ndicate an attachment   |  |
| Director Name DAVID MOSSBERG   |  |                      | Director Name                      |                                       |   |                         |  |
| Street Address 94 UNDERWOOD AVENUE   |  |                      | Street Address                     |                                       |   |                         |  |
| City WARWICK   | State RI   | Zip <b>02888</b>     | City                               |                                       | State                                   | Zip                     |  |
| Director Name  |  |                      | Director Name                      |                                       |   |                         |  |
| Street Address   |  |                      | Street Address                     |                                       |   |                         |  |
| City   | State  | Zip                  | City                               |                                       | State                                   | Zip                     |  |
| 9. Shares Authorized   | <u> </u>   | 10. Shares Iss       | I.                                 | Check                                 | Check the box to indicate an attachment |                         |  |
| This information is currently of record in the Department of State.  Changes require an additional filing. |  | NUMBER O             |                                    |                                       | CLASS/SERIES PAR VALUE                  |                         |  |
|  |  | 100                  |                                    | COMMON                                | COMMON NO                               |                         |  |
|  |  | <u> </u>             | <del></del>                        |                                       |   |                         |  |
| 11. This report must be executed of trustee, this report must be execut                                    | ed on behalf o   | f the corporation by | the receiver or t                  | rustee                                |   |                         |  |
| Under penalty of perjury, I decla statements, and that all stateme   | re and affirm<br>nts contained   | that I have examin   | ed this report,                    | including any accom                   | panying s                               | chedules and            |  |
| Name of Authorized Representative Date   |  |                      |                                    |                                       |   |                         |  |
| DAVID MOSSBERG /276-27   |  |                      |                                    |                                       |   |                         |  |
| Signature of Authorized Represent  | My 1   | SIGN DO              | CUMENT HERE                        | <u> </u>                              | •                                       | · /                     |  |
|  | <del></del>  | 7                    |                                    | · · · · · · · · · · · · · · · · · · · |   |                         |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

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