



State of Rhode Island

**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.

**FILED**

MAR 17 2021

BY 24218 DS

1. Entity ID Number <u>15795</u>		2. Exact name of the Corporation NEW ENGLAND INSULATION CO.INC.			
3. Principal Office Address 129 LYMAN RD		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code <u>22831</u>		6. Brief description of the character of business conducted in Rhode Island INSULATE NEW OLDER HOMES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DENNIS CHICOINE			Vice-President Name		
Street Address 129 LYMAN RD			Street Address		
City WOONSOCKET	State RI	Zip 02895	City SAME	State	Zip
Secretary Name			Treasurer Name SAMENOBNE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		CLASS/SFR#S
			NONE		PAR VALUE <u>0</u>
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. <i>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.</i>					
Name of Authorized Representative DENNIS CHICOINE				Date 3-11-21	
Signature of Authorized Representative <u>Dennis Chicoine</u>					

MAIL TO:  
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