



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 APR 12 AM 10:11

1. Entity ID Number 000165363		2. Exact name of the Corporation Ecologic Insulation, Inc.			
3. Principal Office Address 23 Hurst Ln			City Tiverton	State RI	Zip 02878
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island Energy assessments and implementation of corrective actions			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name John S. Peters			Vice-President Name Thomas J. Kelly		
Street Address 23 Hurst Lane			Street Address 23 Hurst Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name John S. Peters			Treasurer Name Thomas J. Kelly		
Street Address 23 Hurst Lane			Street Address 23 Hurst Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip noe
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES STK	PAR VALUE .0100
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 Sam Houle				Date 04/09/2021	
Signature of Authorized Representative <i>Sam Houle 04/09/2021</i>					

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

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 BY *qps6tw1* FORM 620 - Revised: 08/2020