



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Corporation

MAR 23 2022

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001686825</b>		2. Exact name of the Corporation <b>PSR Custom A/V, Inc.</b>			
3. Principal Office Address <b>64 Forward Lane</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Wiring and Installation of Audio-Video Equipment</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Carla Jewell</b>			Vice-President Name <b>Ross Jarvis</b>		
Street Address <b>64 Forward Lane</b>			Street Address <b>39 Sowans Dr.</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Carla Jewell</b>			Treasurer Name <b>Carla Jewell</b>		
Street Address <b>Same as above</b>			Street Address <b>Same as above</b>		
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 <b>Carla Jewell</b>			Director Name <b>Scott Trenholme</b>		
Street Address <b>Same as above</b>			Street Address <b>52 Bradley Ter.</b>		
City	State	Zip	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name <b>Ross Jarvis</b>			Director Name		
Street Address <b>Same as above</b>			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>None</b>
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 <b>Carla Jewell</b>					Date <b>3/15/22</b>
Signature of Authorized Representative <i>Carla Jewell</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