



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 21 2023

BY

1. Entity ID Number 000103954		2. Exact name of the Corporation All Phase Insulation, Inc.	
3. Principal Office Address 300 Centerville Road, Summit East, Suite 330		City Warwick	State RI
		Zip 02886	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Installing insulation in commercial or residential buildings and structures.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Timothy Charlonne		Vice-President Name Cheryl Charlonne	
Street Address 15 Crest Circle		Street Address 15 Crest Circle	
City Smithfield	State RI	Zip 02917	City Smithfield
Secretary Name Same		Treasurer Name Same	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			No Par
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 Timothy Charlonne		Date 2/13/23	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov