



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 ST.
 FEB 21 2023
 BY *[Signature]*

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	State RI	Zip 02917
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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 <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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