

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
 MAR 22 2023
 BY 1743
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1. Entity ID Number 001657320		2. Exact name of the Corporation INSULATION R US INC				
3. Principal Office Address 228 POWELL ST			City FALL RIVER	State MA	Zip 02721	
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION				
5. State of Incorporation MA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>	
President Name FERNANDO CABRAL			Vice President Name			
Street Address 228 POWELL ST			Street Address			
City FALL RIVER	State MA	Zip 02721-4814	City	State	Zip	
Secretary Name FERNANDO CABRAL			Treasurer Name FERNANDO CABRAL			
Street Address 228 POWELL ST			Street Address 228 POWELL ST			
City FALL RIVER	State MA	Zip 02721-4814	City FALL RIVER	State MA	Zip 02721-4814	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>	
Director Name FERNANDO CABRAL			Director Name			
Street Address 228 POWELL ST			Street Address			
City FALL RIVER	State MA	Zip 02721-4814	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/SERIALS	PAR VALUE	
		1000		1000	-	
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 <i>Fernando Cabral</i>					Date 3/14/23	
Signature of Authorized Representative FERNANDO CABRAL						

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