



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
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
RI DEPT. OF STATE
BUS. SERVICES DIV.RECEIVED
RI DEPT. OF STATE
BUS. SERVICES DIV.

2023 MAR 20 A 10:02

1. Entity ID Number 001659322		2. Exact name of the Corporation Pro AV Systems, Inc.			
3. Principal Office Address 275 Billerica Road; Suite 3		City Chelmsford		State MA	Zip 01824
4. NAICS Code 334310	6. Brief description of the character of business conducted in Rhode Island Sales, Service, Installation and Training of Audio Visual Equipment				
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kimberly A. Bishop			Vice-President Name Leslie C. Bishop		
Street Address 275 Billerica Road; Suite 3			Street Address 275 Billerica Road; Suite 3		
City Chelmsford	State MA	Zip 01824	City Chelmsford	State MA	Zip 01824
Secretary Name Leslie C. Bishop			Treasurer Name Leslie C. Bishop		
Street Address 275 Billerica Road; Suite 3			Street Address 275 Billerica Road, Suite 3		
City Chelmsford	State MA	Zip 01824	City Chelmsford	State MA	Zip 01824
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kimberly A. Bishop			Director Name Leslie C. Bishop		
Street Address 47 Drexel Drive			Street Address 47 Drexel Drive		
City North Chelmsford	State MA	Zip 01863	City North Chelmsford	State MA	Zip 01863
Director Name David E. Bishop			Director Name		
Street Address 3 Lovett Lane			Street Address		
City North Chelmsford	State MA	Zip 01863	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
		10000		CNP	0
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 Kimberly A. Bishop				Date 03/17/2023	
Signature of Authorized Representative <i>Kimberly A. Bishop, President</i>				FILED MAY 16 2023 3:20 BY ML 3AG5V	

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