RI SOS Filing Number: 202340202740 Date: 8/8/2023 4:00:00 PM

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State of Rhode Islam Department of Si		s Services	Division				
Department of State - Business Services Divi Annual Report for the year: 2023 Corporation				RECEIVED R.I. DEPT. OF STATE			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					BUS SY	YCS DIY	
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation				7073 AUS -8 A II: 52			
1. Entity ID Number 000720866		IOVATION:					
3. Principal Office Address 5 LEEDER ST			City WEST	WARWICK	State RI	Zip 02893	
4. NAICS Code	6. Brief descripti	on of the charact	er of busines	r of business conducted in Rhode Island			
236118	REMODELING Title: 7-1.2-1701						
State of Incorporation RI							
7. List ALL officers (names and ac	ldresses)		Is the Densi		box to indic	ate an attachment 🗖	
President Name DOUGLAS RANDALL			Vice-President Name				
Street Address 5 LEEDER ST			Street Address				
City WEST WARWICK	State RI	^{Zip} 02893	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	·	State	Zip	
List ALL directors (names and addresses)			Check the box to indicate an attachment □				
Director Name	Director Name						
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name		<u>. </u>	Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu	ued	Check the	box to indi	cate an attachment	
This information is currently of record in the Department of State.		NUMBER OF 1,000	O CTIC		\$ 0.0100		
Changes require an additional filing	3 .	1,000		STK		\$ 0.0100	
11. This report must be executed	on behalf of the co	rporation by an a	uthorized rep] presentative. If the corp	poration is i	n the hands of a re-	
ceiver 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 Date Date							
Daysas K. Randall J.				MS FILER HS	J 81	Aus 223	
Signature of Authorized Representative							
MAIL TO: AUG 08 2023							
Division of Business Services BY 2 1 707							

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

Phone: (401) 222-3040 Website: www.sos.ri.gov