RI SOS Filing Number: 202343585200 Date: 12/27/2023 12:14:00 PM

State of Rhode Island Department of State - Business Services Division						REC'D R	
Annual Report for the year					_) RIDOS BSD 26 PM2:58:1:	
Corporation	 		n	RECEIVE 1. DEPT. OF \$	D State	<u> </u>	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00			BUS SYOS CIV 98				
Penalty: Additional \$25.0	00 fee if form is no	t filed by May 31.					
1. Entity ID Number 000097190		of the Corporation	IG ASS	ZI DEL ZI I- DCIATES, I	NC.		
3. Principal Office Address 1304 RTE 9			City CASTI	LETON	State NY	Zip 12033	
4. NAICS Code	6 Brief descri	ntion of the characti	er of husines	s conducted in Ri	hode Island	<u> </u>	
238320		Brief description of the character of business conducted in Rhode Island CONTRACTING & SUB CONTRACTING					
5. State of Incorporation NY							
7. List ALL officers (names and	Check the box to indicate an attachment						
President Name LEWIS P HOUGHTALING III			Vice-President Name				
Street Address 1304 RTE 9				Street Address			
City CASTLETON	State NY	^{Žip} 12033	City		State	Zip	
Secretary Name	Treasurer Name						
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names an			·····		the box to indicat	te an attachment 🔲	
Director Name NICOLE WE	Director Name						
Street Address 1304 RTE 9			Street Address				
^{City} CASTLETON	State NY	^{Zıp} 12033	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu			k the box to indica		
This information is currently of re Department of State.	ecord in the	100				RIES PAR VALUE	
Changes require an additional filing.		100		CNP			
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized rep	resentative. If the	e corporation is in	the hands of a re-	
ceiver or trustee, this report mu Under penalty of perjury, I de	clare and affirm ti	hat I have examine	ed this repo	receiver or trusteert, including any	e. accompanying s	chedules and	
statements, and that all state Name of Authorized Represent		herein are true and	d correct.		Date		
NICOLE WENDELKEN	10/10/2023						
Signature of Authorized Representative				FILED			
MAIL TO:				DEC 27	2023		
Division of Business Services 148 W. River Street, Providence, RI	hode Island 02904-26	315	-	\¬\-	2023 DP 12'14		

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

FORM 630- Revised: 04/2023

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