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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 20 2024
BY

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
31373	I-GARD LIMITED			
3. Principal Office Address		City	State	Zip
122 BRIARBROOK DRIVE		NORTH KINGSTOWN	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
53	PROPERTY RENTAL			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ✓

President Name			Vice-President Name		
WALLACE N. MACLEOD			HEATHER L. FIDDES		
Street Address			Street Address		
122 BRIARBROOK DR.			14 APPLEWOOD RD		
City / State / Zip			City / State / Zip		
NO. KINGSTOWN	RI	02852	NORFOLK	MA	02056
Secretary Name			**Treasurer Name**		
ALLAN R. FIDDES			WALLACE N. MACLEOD		
Street Address			Street Address		
14 APPLEWOOD RD			122 BRIARBROOK DR		
City / State / Zip			City / State / Zip		
NORFOLK	MA	02056	NO KINGSTOWN	RI	02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name			Director Name		
WALLACE N. MACLEOD			HEATHER L. FIDDES		
Street Address			Street Address		
122 BRIARBROOK DR.			14 APPLEWOOD RD		
City / State / Zip			City / State / Zip		
NO KINGSTOWN, RI	RI	02852	NORFOLK	MA	02056
Director Name			**Director Name**		
ALLAN R. FIDDES			NONE		
Street Address			Street Address		
14 APPLEWOOD RD					
City / State / Zip			City / State / Zip		
NORFOLK	MA	02056			

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment

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	NPV

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	Date
WALLACE N. MACLEOD	2-15-24

Signature of Authorized Representative: Wallace N. MacLeod

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

FORM 630- Revised: 12/2023