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**State of Rhode Island
Department of State - Business Services Division**

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 155350		2. Exact name of the Corporation INSTALLED MEASURES, INC.	
3. Principal Office Address 156 Rock Hill Road		City Coventry	State RI
		Zip 02816	
4. NAICS Code 238310	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INSTALLING INSULATION AND ANY OTHER ENERGY AND HOME IMPROVEMENT		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Douglas M. Leavens		Vice-President Name Douglas M. Leavens	
Street Address 156 Rock Hill Road		Street Address 156 Rock Hill Road	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Douglas M. Leavens		Treasurer Name Douglas M. Leavens	
Street Address 156 Rock Hill Road		Street Address 156 Rock Hill Road	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		1,000	COMMON
			NO PAR VALUE
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. <i>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.</i>			
Name of Authorized Representative DOUGLAS M. LEAVENS			Date March 9, 2024
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
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