



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.

**FILED**

MAR 12 2024

BY SNW

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

MAIL TO:  
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