



**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.

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1. Entity ID Number <b>507106</b>		2. Exact name of the Corporation <b>Instrument Specialties, Inc.</b>			
3. Principal Office Address <b>65 Foliage Drive</b>			City <b>North Kingston</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>811190</b>		6. Brief description of the character of business conducted in Rhode Island <b>Automotive Restorations</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>Michael L. Mancini</b>			Vice-President Name		
Street Address <b>44 Fairlawn Ave.</b>			Street Address		
City <b>Oxford</b>	State <b>MA</b>	Zip <b>01540</b>	City	State	Zip
Secretary Name <b>Michael L. Mancini</b>			Treasurer Name <b>Michael L. Mancini</b>		
Street Address <b>44 Fairlawn Ave.</b>			Street Address <b>44 Fairlawn Ave.</b>		
City <b>Oxford</b>	State <b>MA</b>	Zip <b>01540</b>	City <b>Oxford</b>	State <b>MA</b>	Zip <b>01540</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 <b>Michael L. Mancini</b>			Director Name		
Street Address <b>44 Fairlawn Ave.</b>			Street Address		
City <b>Oxford</b>	State <b>MA</b>	Zip <b>01540</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	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. <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>Michael L. Mancini</b>				Date <b>3-14-24</b>	
Signature of Authorized Representative <i>Michael L. Mancini</i>					

**MAIL TO:**  
Division of Business Services  
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Website: www.sos.ri.gov