



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 24 PM 11:31:55

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 <u>001686825</u>		2. Exact name of the Corporation <u>PSR Custom ALV, Inc.</u>	
3. Principal Office Address <u>64 Forand Lane</u>		City <u>Tiverton</u>	State <u>RI</u>
		Zip <u>02878</u>	
4. NAICS Code <u>238990</u>	6. Brief description of the character of business conducted in Rhode Island <u>Wiring and Installation of Audio - Video Equipment</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Phillip Jewell</u>		Vice-President Name <u>Ross Jarvis</u>	
Street Address <u>64 Forand Lane</u>		Street Address <u>39 Sowans Dr.</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Secretary Name <u>Phil Jewell</u>		Treasurer Name <u>Phil Jewell</u>	
Street Address <u>same as above</u>		Street Address <u>same as above</u>	
City	State	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Phillip Jewell</u>		Director Name <u>Scott Tremblay</u>	
Street Address <u>same as above</u>		Street Address <u>52 Brookly Ter.</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Director Name <u>Ross Jarvis</u>		Director Name	
Street Address <u>same as above</u>		Street Address	
City	State	City	State
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
		<u>100</u>	<u>Common</u>
		PAR VALUE	<u>None</u>
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 <u>Phillip Jewell</u>			Date <u>4/19/24</u>
Signature of Authorized Representative 			

FILED

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

APR 24 2024
BY ML 1866