



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

MAY 17 2024

BY

1046

1. Entity ID Number 121580		2. Exact name of the Corporation Innovative Home Systems, Inc.			
3. Principal Office Address 512 Tuckerman Avenue			City Middletown	State RI	Zip 02842
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Custom electronic design and installation			
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 Shawn J. Bennett			Vice-President Name Shawn J. Bennett		
Street Address PO Box 4039			Street Address PO Box 4039		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Shawn J. Bennett			Treasurer Name Shawn J. Bennett		
Street Address PO Box 4039			Street Address PO Box 4039		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	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		
			500		
			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. 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 Shawn J. Bennett				Date May 25, 2024	
Signature of Authorized Representative <i>Shawn J. Bennett</i>					

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: 11/2021