State of Rhode Island

Department of State - Business Services Division

MAY 28 2024 MP

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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	2. Exact name of the Corporation		
001663349	CSE Installations, Inc.		
3. Principal Office Address	City	State	Zip
260 Kearns Avenue	Tiverton	RI	02878
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island		
531390	Carpentry		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Slawomir Michalowski	260 Kearns Avenue	Tiverton	RI	02878

Vice-President Name	Street Address	City	State	Zip
Casey Michalowski	260 Kearns Avenue	Tiverton	RI	02878

Secretary Name	Street Address	City	State	Zip
Sofia Michalowski	260 Kearns Avenue	Tiverton	RI	02878

Treasurer Name	Street Address	City	State	Zip
Ewa Michalowski	260 Kearns Avenue	Tiverton	RI	02878

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Ewa Michalowski	260 Kearns Avenue	Tiverton	RI	02878
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	CNP	$0.0000

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	Date
Ewa Michalowski	

Signature of Authorized Representative

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: 2/2023