



**State of Rhode Island
Department of State - Business Services Division**

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Annual Report for the year: 2023

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 000552028 | | 2. Exact name of the Corporation Home Service USA Repair Management (Wisconsin) Corp. | | | |
| 3. Principal Office Address 601 Merritt 7, 6th Floor | | | City Norwalk | State CT | Zip 06851 |
| 4. NAICS Code 561110 | | 6. Brief description of the character of business conducted in Rhode Island Home warranty provider for residential home owners. | | | |
| 5. State of Incorporation Wisconsin | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | |
| President Name Thomas Rusin | | | Vice-President Name | | |
| Street Address 601 Merritt 7, 6th Floor | | | Street Address | | |
| City Norwalk | State CT | Zip 06851 | City | State | Zip |
| Secretary Name Hilary Glassman | | | Treasurer Name Michael Murney | | |
| Street Address 601 Merritt 7, 6th Floor | | | Street Address 601 Merritt 7, 6th Floor | | |
| City Norwalk | State CT | Zip 06851 | City Norwalk | State CT | Zip 06851 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | |
| Director Name Thomas Rusin | | | Director Name Michael Murney | | |
| Street Address 601 Merritt 7, 6th Floor | | | Street Address 601 Merritt 7, 6th Floor | | |
| City Norwalk | State CT | Zip 06851 | City Norwalk | State CT | Zip 06851 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 100 | | COMMON | |
| | | | | PAR VALUE | |
| | | | | NO PAR | |
| 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 Thomas Rusin | | | | Date 4/24/2024 | |
| Signature of Authorized Representative <i>Thomas Rusin</i> | | | | JUN 18 2024 108 BY <u>SNM BR</u> | |

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