State of Rhode Island
Department of State - Business Services Division

FILED
FEB 12 2025
BY 1301

Annual Report for the year: 2025
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
31373	I-GARD LIMITED

3 Principal Office Address	City	State	Zip
14 Applewood Road	Norfolk	MA	02056

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	PROPERTY RENTAL
5. State of Incorporation: RI	

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

President Name	Vice-President Name
Heather L. Fiddes	Allan R. Fiddes
Street Address: 14 Applewood Road	Street Address: 14 Applewood Road
City: Norfolk, State: MA, Zip: 02056	City: Norfolk, State: MA, Zip: 02056
Secretary Name: Wallace N. MacLeod	**Treasurer Name:** Heather L. Fiddes
Street Address: 122 Briarbrook Dr.	Street Address: 14 Applewood Road
City: North Kingstown, State: RI, Zip: 02852	City: Norfolk, State: MA, Zip: 02056

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

Director Name	Director Name
Heather L. Fiddes	Allan R. Fiddes
Street Address: 14 Applewood Road	Street Address: 14 Applewood Road
City: Norfolk, State: MA, Zip: 02056	City: Norfolk, State: MA, Zip: 02056
Director Name: Wallace N. MacLeod	**Director Name:**
Street Address: 122 Briarbrook Dr.	Street Address:
City: North Kingstown, State: RI, Zip: 02852	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.	100	Common	NPV

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: Heather L. Fiddes — Date: 2/5/25

Signature of Authorized Representative: Heather L. Fiddes

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: 12/2023