



State of Rhode Island
Department of State - Business Services Division

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

FILED
 MAR 04 2025
 BY 5765

1. Entity ID Number 155350		2. Exact name of the Corporation INSTALLED MEASURES, INC.												
3. Principal Office Address 156 Rock Hill Road			City Coventry	State RI	Zip 02816									
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF INSTALLING INSULATION AND ANY OTHER ENERGY AND HOME IMPROVEMENT												
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 Douglas M. Leavens			Vice-President Name Douglas M. Leavens											
Street Address 156 Rock Hill Road			Street Address 156 Rock Hill Road											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
Secretary Name Douglas M. Leavens			Treasurer Name Douglas M. Leavens											
Street Address 156 Rock Hill Road			Street Address 156 Rock Hill Road											
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">1,000</td> <td style="text-align:center;">COMMON</td> <td style="text-align:center;">NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	COMMON	NO PAR			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		1,000	COMMON	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. <i>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.</i>														
Name of Authorized Representative DOUGLAS M. LEAVENS					Date March 1, 2025									
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