



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 12 2025
BY 17327 *02*

1. Entity ID Number <u>507106</u>		2. Exact name of the Corporation Instrument Specialties, Inc.			
3. Principal Office Address 65 Foliage Drive			City North Kingston	State RI	Zip 02852
4. NAICS Code 811190		6. Brief description of the character of business conducted in Rhode Island Automotive Restorations			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael L. Mancini			Vice-President Name		
Street Address 44 Fairlawn Ave.			Street Address		
City Oxford	State MA	Zip 01540	City	State	Zip
Secretary Name Michael L. Mancini			Treasurer Name Michael L. Mancini		
Street Address 44 Fairlawn Ave.			Street Address 44 Fairlawn Ave.		
City Oxford	State MA	Zip 01540	City Oxford	State MA	Zip 01540
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael L. Mancini			Director Name		
Street Address 44 Fairlawn Ave.			Street Address		
City Oxford	State MA	Zip 01540	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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIALS		
			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 Michael L. Mancini				Date 3/3/25	
Signature of Authorized Representative <i>Michael L. Mancini</i>					

MAIL TO:

Division of Business Services

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