State of Rhode Island
Department of State - Business Services Division

FILED
MAR 13 2025
BY 35860

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			
001657320	INSULATION R US INC			
3. Principal Office Address		City	State	Zip
228 POWELL ST		FALL RIVER	MA	02721
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238300				
5. State of Incorporation				
MA	CONSTRUCTION			

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

President Name			Vice-President Name		
FERNANDO CABRAL					
Street Address			Street Address		
228 POWELL ST					
City	State	Zip	City	State	Zip
FALL RIVER	MA	02721-4814			
Secretary Name			Treasurer Name		
FERNANDO CABRAL			FERNANDO CABRAL		
Street Address			Street Address		
228 POWELL ST			228 POWELL ST		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02721-4814	FALL RIVER	MA	02721-4814

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

Director Name			Director Name		
FERNANDO CABRAL					
Street Address			Street Address		
228 POWELL ST					
City	State	Zip	City	State	Zip
FALL RIVER	MA	02721-4814			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	1000	1

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: 3/11/25

Signature of Authorized Representative: Fernando Cabral

FERNANDO CABRAL

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