



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

JUN 27 2025

BY

1391/1388

REC'D RIDGS BSD
26 JUN 27 AM 8:40:12

1. Entity ID Number 1659205		2. Exact name of the Corporation All Phase Lead Inspections, Inc.			
3. Principal Office Address 162 Park Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island Lead inspections			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Loriann Bose			Vice-President Name		
Street Address 162 Park Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Loriann Bose			Treasurer Name Loriann Bose		
Street Address 162 Park Avenue			Street Address 162 Park Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01
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 Loriann Bose, President					Date
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov