						N 0170		
State of Rhode Island Department of St	ate - Busines	ss Services [Division	FILED 12 JUN 2 7 2025		EC'D RIDOS BSD JUN 27 AM8:40:		
Annual Report for the year: 2025 Corporation				1201112	100			
→ Filing period: February 1 - → Filing Fee: \$50,00 → Penalty: Additional \$25,00 f		iled by May 31.		BY DITE	<u> </u>	8SD 40:12		
Entity ID Number	2. Exact name of the Corporation							
1659205	All Phase Lead Inspections, Inc.							
3. Principal Office Address 162 Park Avenue			City Warwi	ck	State		Zip 02889	
4. NAICS Code	6. Brief descripti	on of the characte	r of busines	ss conducted in Rhode Isl	and			
541690	Lead inspec	ctions						
5. State of Incorporation RI								
7. List ALL officers (names and add	iresses)		T. 2	Check the box	c to indic	cate an atta	achment 🗆	
President Name Loriann Bose			Vice-Presid	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 Wai	wick	1	રા	Zip 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name								
Street Address			Street Address					
City	State	Zip	City	ly .			Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	City			Zip	
9. Shares Authorized		10. Shares Issue		Check the bo	x to indi		achment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		Common		\$.01		
 This report must be executed or ceiver or trustee, this report must be 					ation is i	n the hand	s of a re-	
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 Loriann Bose, President					Date			
Signature of Aythorized Representative								
Journ Pra								

MAIL TO:

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