



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 20782		2. Name of Corporation Q.A.S. INSULATION, INC.			
3. Street Address Principal Business Office 4422 SOUTH EAST 20TH AVENUE			City CAPE CORAL	State FL	Zip 33904
4. Business Phone No. 508-336-8581		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island INSTALLING INSULATION, STORM WINDOWS, WEATHERIZATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENISE BENEVIDES			Vice President Name		
Street Address 4422 SOUTH EAST 20TH AVENUE			Street Address		
City CAPE CORAL	State FL	Zip 33904	City	State	Zip
Secretary Name ESTELLE MONIZ			Treasurer Name DENISE BENEVIDES		
Street Address 212 BROOK STREET			Street Address 4422 SOUTH EAST 20TH AVENUE		
City REHOBOTH	State MA	Zip 02769	City CAPE CORAL	State FL	Zip 33904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DENISE BENEVIDES			Director Name		
Street Address 4422 SOUTH EAST 20TH AVENUE			Street Address		
City CAPE CORAL	State FL	Zip 33904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 600	Class/Series COMMON	Par Value NO PAR VALUE

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.

File Date **FILED**

Check No. **JAN 14 2009**

By: *ASJ*

FOR SECRETARY OF STATE USE ONLY

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.

Denise Benevides 1/7/09
Signature Date

DENISE BENEVIDES
Print or Type Name

PRESIDENT
Title