



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>001256176</u>		2. Exact name of the Corporation <u>Suburban Sales & Service, Inc.</u>			
3. Principal Office Address <u>240 Route 10 West</u>			City <u>Whippany</u>	State <u>NJ</u>	Zip <u>07981</u>
4. NAICS Code <u>44-45</u>		6. Brief description of the character of business conducted in Rhode Island <u>The sales and servicing of HVAC equipment</u>			
5. State of Incorporation <u>DE</u>		423730			
7. List ALL officers (names and addresses) ASST Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael A. Stivala</u>			Vice-President Name <u>Elmer Dante</u>		
Street Address <u>240 Route 10 West</u>			Street Address <u>240 Route 10 West</u>		
City <u>Whippany</u>	State <u>NJ</u>	Zip <u>07981</u>	City <u>Whippany</u>	State <u>NJ</u>	Zip <u>07981</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<u>2,000.00</u>		<u>CNP</u>
					<u>0.00</u>
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 <u>Elmer Dante</u>				Date <u>1/8/18</u>	
Signature of Authorized Representative 					

SIGN DOCUMENT **FILED**

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

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