



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 2008

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. 98556		2. Name of Corporation SOUTHERN MECHANICAL, INC.			
3. Street Address Principal Business Office 97 J.P. MURPHY HIGHWAY			City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 4018231800		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DEALING IN ALL KINDS OF HEATING, VENTILATION AND AIR CONDITIONING APPARATUS AND EQUIPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS A. VESSELLA			Vice President Name ROBERT J. GASBARRO, JR.		
Street Address 195 J.P. MURPHY HIGHWAY			Street Address 195 J.P. MURPHY HIGHWAY		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name THOMAS A. VESSELLA			Treasurer Name THOMAS A. VESSELLA		
Street Address 195 J.P. MURPHY HIGHWAY			Street Address 195 J.P. MURPHY HIGHWAY		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			500	COMMON	NONE

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.

FILED	
File Date	FEB 08 2008
Check No.	DS-5522
By	
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.

Signature Thomas A. Vessella Date 2/2/08
THOMAS A. VESSELLA
Print or Type Name
PRESIDENT
Title