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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.	2. Name of Corporation		
123198	All Seasons Heating & Air Inc.		
3. Street Address Principal Business Office	City	State	Zip
6 Bowen Street	Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation		
(401) 232-2422	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Heating and Air Conditioning Services

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Patrick G. Integlia	6 Bowen Street	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
Denise M. Manfredo	6 Bowen Street	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Sabra L. Integlia	6 Bowen Street	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Patrick G. Integlia	6 Bowen Street	Johnston	RI	02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Patrick G. Integlia	6 Bowen Street	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Denise M. Manfredo	6 Bowen Street	Johnston	RI	02919

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	Comm	No Par Value

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par Value
	THIS SECTION MUST BE COMPLETED	

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.

[redacted] [redacted]

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 2-14-08
Date

Patrick G. Integlia
Print or Type Name

President
Title

[redacted]

FILED
File Date
Check No. FEB 19 2008
By: By
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20806-5-232757

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