



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2515  
401.222.3940

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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. 148174		2. Name of Corporation AMERICAN HOME HEATING & AIR CONDITIONING, INC.			
3. Street Address Principal Business Office 100 Southern Street			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-573-4284		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES, SERVICE AND INSTALLATION OF HEATING AND AIR CONDITIONING UNITS AND RELATED INDUSTRY ACTIVITIES					
7. NAMES AND ADDRESSES OF OFFICERS			7. NAMES AND ADDRESSES OF OFFICERS		
President Name Robert Paliotta, Jr.			Vice President Name Robert Paliotta, Jr.		
Street Address 100 Southern Street			Street Address 100 Southern Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Robert Paliotta, Sr.			Treasurer Name Robert Paliotta, Sr.		
Street Address 56 Myra Street			Street Address 56 Myra Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. NAMES AND ADDRESSES OF DIRECTORS			8. NAMES AND ADDRESSES OF DIRECTORS		
Director Name Robert Paliotta, Sr.			Director Name		
Street Address 56 Myra Street			Street Address		
City Providence	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100		No Par

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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 \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE

**FILED**  
JUN 13 2008  
By AMF  
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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 \_\_\_\_\_ Date \_\_\_\_\_  
Robert Paliotta, Jr.  
Print or Type Name  
President  
Title