



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 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. 000387098		2. Name of Corporation REFRIMATELCO EXPORT INC			
3. Street Address Principal Business Office 903 BROAD STREET			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-467-5754		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE OF REFRIGERATION EQUIPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FERNANDO REYNOSO			Vice President Name IVAN F. REYNOSO		
Street Address 903 BROAD ST			Street Address 903 BROAD ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name GISSETTE REYNOSO			Treasurer Name MARCELA RODRIGUEZ		
Street Address 903 BROAD ST			Street Address 903 BROAD ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name YANKO A. DIAZ			Director Name		
Street Address 903 BROAD ST.			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 100	Class/Series CNP	Par Value 0.00

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.

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 Fernando Reynoso Date 2/19/09
Print or Type Name Fernando Reynoso
Title President

FILED	
File Date	<u>FEB 23 2009</u>
Check No.	<u>93757</u>
By	<u>93757</u>
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