

FOR SECRETARY OF STATE USE ONLY

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 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PR 2009

* In accordance with R.I.G.L. law (R.I.G.L. 7-1.2-1501(c&d))	7-1.2-1501(e), each	corporation failing or re	efusing to file its annual report	within thirty (30) days aft	ter the time prescribed by	
1. Corporate ID No. 480979		2. Name of Corporation Total Comfort Heating & Cooling, Inc.				
3. Street Address Principal Business Office 67 Carpenter Street			City Tiverton	State RI	<i>Zip</i> 02878	
4. Business Phone No.		5. State of Incorpora Rhode Island	tion			
6 Brief Description of the Characte heating and air conditioni		ed in Rhode Island	, , , , , , , , , , , , , , , , , , ,		мар,	
7. NAMES AND ADDRESSI President Name Kevin Catabia	ES OF THE OFFIC	CERS: ("X" BOX FOR A	ATTACHMENT)   FILL IN  Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Street Address 67 Carpenter Street			Street Address			
City Tiverton	State RI	Zip 02878	Сіђ	State	Zip	
Secretary Name Kevin Andrade			Treasurer Name Kevin Andrade			
Street Address 47 Old Meeting House Green			Street Address 47 Old Meeting House Green			
Norton	State MA	<sup>Zip</sup> 02766	City <b>Norton</b>	State MA	<sup>Zip</sup> 02766	
8. NAMES AND ADDRESSE Director Name Kevin Catabia Street Address	S OF THE DIREC	CTORS: ("X" BOX FOR	** ATTACHMENT)   FILL II  Director Name  Street Address	N SPACES BEFORE USIN	G ATTACHMENTS	
67 Carpenter Street						
City Tiverton	State RI	<sup>Zip</sup> 02878	City	State	Zip	
Mevin Andrade			Director Name			
Street Address 47 Old Meeting House Green			Street Address			
City Norton	State MA	<sup>Zip</sup> 02766	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000.00	common	without	100	common	without	
This report must be executed this report must be executed	d on behalf of the	e corporation by an auth corporation by the rece	Under penalty of pincluding any acco	perjury, I declare and affirm	s of a receiver or trustee, that I have examined this report	
File Date FILED		_	Signature		Date /9	
Check NOCT 0 9 2009	1/2		Kevin Cata		Dute	
$R_{\nu}$ $\mathbf{D}_{\nu}$ / $\nu$	1//	·	Print or Type Name	?		

President

Title