



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 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. 94818		2. Name of Corporation Valley Heating & Cooling, Inc.			
3. Street Address Principal Business Office 1146 Main Street			City Wyoming	State RI	Zip 02898
4. Business Phone No. 401-539-0400		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN ALL KINDS OF APPLIANCES, PARTS, COMPONENTS, ETC.; REFRIGERATION EQUIPMENT, HVAC SYSTEMS AND ELECTRONIC DEVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS D. REKOWSKI			Vice President Name THOMAS D. REKOWSKI		
Street Address 1146 MAIN STREET			Street Address 1146 MAIN STREET		
City WYOMING	State RI	Zip 02898	City WYOMING	State RI	Zip 02898
Secretary Name THOMAS D. REKOWSKI			Treasurer Name THOMAS D. REKOWSKI		
Street Address 1146 MAIN STREET			Street Address 1146 MAIN STREET		
City WYOMING	State RI	Zip 02898	City WYOMING	State RI	Zip 02898
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	COMMON	\$1.00

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
OCT 09 2009
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62:1 WD 6-100

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 D. Rekowski Date 10/6/09
THOMAS D. REKOWSKI
Print or Type Name
PRESIDENT
Title

Filing Fee: \$20.00

ID Number: 94818



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
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BUSINESS CORPORATION

**STATEMENT OF CHANGE OF REGISTERED AGENT
BY THE CORPORATION**

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered agent and its registered office in the state of Rhode Island:

1. The name of the corporation is Valley Heating & Cooling, Inc.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
1146 Main Street, Wyoming, RI 02898
3. The address of the NEW registered office is:
2 Williams Street, Providence, RI 02903
4. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
THOMAS D. REKOWSKI
5. The name of the NEW registered agent is:
MICHAEL A. URSILLO, ESQ.
6. The appointment of a new registered agent and the new registered office, as the case may be, shall become effective upon the filing of this statement, or on _____
(a date not prior to, nor more than 30 days after, filing this statement)

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: October 2, 2009

Thomas D. Rekowski
Signature of Authorized Officer of the Corporation
THOMAS D. REKOWSKI
Type or Print Name of Authorized Officer