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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			
94818	Valley Heating & Cooling, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1146 Main Street		Wyoming	RI	02898
4. Business Phone No.	5. State of Incorporation			
401-539-0400	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			Vice President Name		
THOMAS D. REKOWSKI			THOMAS D. REKOWSKI		
Street Address			Street Address		
1146 MAIN STREET			1146 MAIN STREET		
City	State	Zip	City	State	Zip
WYOMING	RI	02898	WYOMING	RI	02898
Secretary Name			Treasurer Name		
THOMAS D. REKOWSKI			THOMAS D. REKOWSKI		
Street Address			Street Address		
1146 MAIN STREET			1146 MAIN STREET		
City	State	Zip	City	State	Zip
WYOMING	RI	02898	WYOMING	RI	02898

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

Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

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.

[redacted]

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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 10/6/09
Date

THOMAS D. REKOWSKI
Print or Type Name

PRESIDENT
Title

[redacted]

File Date _____
Check No. _____
By: _____

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Form 630 Rev. 08/08