

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 2010 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(ccrd)) is

1. Corporate ID No. 1657	2. Name of Corporation AUTOMATIC HEATING EQUIPMENT INC.				
3. Street Address Principal Business Office 400 Charles Street			City Providence	State RI	<i>Ζι</i> _μ 02904
4. Business Phone No. 5. State of Incorporation 401-521-8877 RHODE ISLAND			<u> </u>		
6 Brief Description of the Character MANUFACTURER AND RE	PAIR OF HEATING	EQUIPMENT		, n	7 (P)
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Edward P. Garrahy			Vice President Name Edward P. Garrahy, Jr.		
Street Address 400 Charles Street			Street Address 400 Charles Street		
Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Zip} 02904
Secretary Name Mary Margaret Garrahy			Treasurer Name Edward P. Garrahy		
Street Address 400 Charles Street			Street Address 400 Charles Street		
Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Zip} 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Edward P. Garrahy			TACHMENT) To FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Mary Margaret Garrahy		
Street Address 400 Charles Street			Street Address 400 Charles Street		
Providence	State RI	Zip 02904	City Providence	State RI	<i>дір</i> 02904
Director Name Edward P. Garrahy, Jr.			Director Name		
Street Address 400 Charles Street			Street Address		
Providence	State RI	Zip 02904	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			100	Common	No Par

This report must be executed of this report must be executed of	on behalf of the corporate of the corpor	oration by an authorized oration by the receiver of	d representative. If the cortrustee.	orporation is in the hand	is of a receiver or trustee,

File Date	FILED
Check No.	MAR 0.3 2010
By: By	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I de-	clare and affirm that Utave examined this report
including thy accompanying	schedules and statements, and that all statements
contained herein are true and	ørrect.
1/107 1 0 1	· MARKE
Meddate	Date
Edward P. Garrahy	
Print or Type Name	
President	
Title	

Form 630 Rev. 08/08