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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 2011

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			
542715	DISTRIBUTOR CORPORATION OF NEW ENGLAND			
3. Street Address Principal Business Office: 767 EASTERN AVENUE		City: MALDEN	State: MA	Zip: 02148
4. Business Phone No.: (800) 347-8804	5. State of Incorporation: Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island: DISTRIBUTOR OF HVAC AND REFRIDGERATION

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

President Name: RONALD G. BABCOCK			Vice President Name: MICHELE M. KOLLIGIAN		
Street Address: SAME AS BUSINESS OFFICE			Street Address: SAME AS BUSINESS OFFICE		
City	State	Zip	City	State	Zip
Secretary Name: RICHARD SIMONIAN			Treasurer Name: NANCY R. KOLLIGIAN		
Street Address: 32 ELM STREET			Street Address: SAME AS BUSINESS OFFICE		
City: WORCESTER	State: MA	Zip: 01609	City	State	Zip

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

Director Name: NANCY R. KOLLIGIAN			Director Name: RONALD G. BABCOCK		
Street Address: SAME AS BUSINESS OFFICE			Street Address: SAME AS BUSINESS OFFICE		
City	State	Zip	City	State	Zip
Director Name: MICHELE M. KOLLIGIAN			Director Name: LISA A. DORIAN		
Street Address: SAME AS BUSINESS OFFICE			Street Address: SAME AS BUSINESS OFFICE		
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
2000	A	NO PAR VALUE
20	B	NO PAR VALUE

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]

FILED

File Date FEB 07 2011

Check No.

By: BY 296019

FOR SECRETARY OF STATE USE ONLY

58401-31-593360

[redacted]

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 *Date* 2/2/11

RUSSELL BETHONEY
Print or Type Name

[redacted] CONTROLLER
Title

Form 630 Rev. 08/08