



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(c), 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 542715		2. Name of Corporation 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			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.

FILED

File Date **FEB 07 2011**
Check No. _____
By: **BY JRB/19**
FOR SECRETARY OF STATE USE ONLY

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.

Russell Bethoney 2/2/11
Signature Date
RUSSELL BETHONEY
Print or Type Name
CONTROLLER
Title