

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2011 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Perlod: 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(e&d)) is

subject to a penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·			, ,		
1. Corporate ID No. 94818						
3. Street Address Principal Business Office 1146 Main Street			City Wyoming	State RI	^{Zip} 02898	
4. Business Phone No. 5. State of Incorporati RHODE ISLAN						
	PLIANCES, PARTS,	COMPONENTS, ETC	REFRIGERATION EQUIPMENT, HVAC SYSTEMS & ELECTRONIC CHMENT)			
Street Address 1146 Main Street			Street Address Same			
City Wyoming	State RI	<i>Zip</i> 02898	City	State	Zip	
Secretary Name Thomas D. Rekowski			Treasurer Name Thomas D. Rekowski			
Sireel Address Same			Street Address Same			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name N/A Street Address			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name N/A Street Address			
Street Mauress			Sheel Address 2			
City	State	Zip	City	State		
Director Name N/A			Director Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip - CS T	
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	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.						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 2 14 2011	contained herein are true and correct.
Check No. 13776	Signature Date Thomas D. Rekowski
By:KMC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Title
	Form 630 Pay 08/08