

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(e%d)) is

subject to a penalty fee of \$25.00.	or(e), then torporation ju	ang or rejusing to fite its time	uut report wurnn inrity (50) uugs ajter	on time preserved by the (R.T.	.O.L. 7-1.2-1301(EOu)/ N
1, Corporate ID No. 000085944					
3. Street Address Principal Business Office 90 Crosswynds Drive			City Saunderstown	State RI	<i>Ζψ</i> <b>02874</b>
4. Business Phone No. 5. State of Incorporat 401-932-1695 Rhode Island		5. State of Incorporation Rhode Island			<del>*************************************</del>
6. Brief Description of the Character of Business Conducted in Rhode Island Installation and repair of heating, ventilating, and air conditioning systems					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
William Byrne			William Byrne		
Street Address 90 Crosswynds Drive			Street Address 90 Crosswynds Drive		
City Saunderstown	State RI	<sup>Zip</sup> 02874	City Saunderstown	State RI	<sup>Zip</sup> 02874
Secretary Name William Byrne			Treasurer Name William Byrne		
Street Address 90 Crosswynds Drive			Street Address 90 Crosswynds Drive		
City Saunderstown	State RI	<sup>Ζίρ</sup> 02874	Gty Saunderstown	State RI	<sup>Ζip</sup> 02874
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		200 203 203
City	State	Zip	City	State	第 6
Director Name			Director Name		
Street Address			Street Address Space Spa		±= \$\frac{\partial n}{n} \frac{1}{n} \frac
City	State	Zip	City	State	OS:
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
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.			100	Common	\$0.00
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.  FILED					

<b>FILED</b>	
MAR 3 0 2011	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.
File Date BY 12:30	Signature Jane 3/28/11
Check No	William Byrne Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Title