

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.	2. Exact name	of the Corporation				
63858	America	American Climate Technology, Inc.				
3. Principal office address 3 Buckboard Drive			City Cumberland	State RI	Zip 02864	
4. Business Phone No. (401) 333-4000			5. State of Incorporation Rhode Island			
. Brief description of the ch Sales and distribution						
Justan Posticers (N	AMES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT)			
President Name Najib G. Hana			Vice-President Name Seda Hana			
Street Address 3 Buckboard Drive			Street Address 3 Buckboard Drive			
ity Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
Secretary Name Najib G. Hana			Treasurer Name Najib G. Hana			
Street Address 3 Buckboard Drive			Street Address 3 Buckboard Drive			
ity Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
LIST ALL DIRECTORS (NAMES AND ADDR	ESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Najib G. Hana			Director Name Seda Hana			
Street Address 3 Buckboard Drive			Street Address 3 Buckboard Drive			
ity Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
rector Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACH	IMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.		20	common	no par		
his report must be execute	d on behalf of the co	rporation by an authorize be exec tly E.P. alf of FEB 2 1 2013	the corporation by the red Under penalty of perj this report, including	eiver or trustee. ju <mark>ry, I declare and affi</mark> r	m that I have examined	
Check No		102	\overline{A}	11	9 10 1	
By:	BY	0/0	Signature of Authorize	ed Representative	2-10-1. Date	
FOR SECRETARY OF STATE USE ONLY			Najib G. Hana			
			Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012