



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 2014

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 711617		2. Exact name of the Corporation Copland Mechanical Services, Inc.			
3. Principal office address 52 Vincent Avenue			City South Attleboro	State MA	Zip 02703
4. Business Phone No. (508) 838-3245			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Mechanical contracting and HVAC systems					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin F. McNulty			Vice-President Name None		
Street Address 52 Vincent Avenue			Street Address		
City South Attleboro	State MA	Zip 02703	City	State	Zip
Secretary Name Kevin F. McNulty			Treasurer Name Kevin F. McNulty		
Street Address 52 Vincent Avenue			Street Address 52 Vincent Avenue		
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$0.01 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 18 2014

Check No

By:

BY [Signature] 1281

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.

[Signature]
 Signature of Authorized Representative Date

Kevin F. McNulty, President

Print or Type Name of Authorized Representative