



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. 45583		2. Exact name of the Corporation HEATRON INCORPORATED		
3. Principal office address 72 SEAVIEW AVENUE		City CRANSTON	State RI	Zip 02905
4. Business Phone No. 4014678173		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island MANUFACTURE AND DESIGN OF HEAT EXCHANGERS.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name HENRY A. VANDERSIP		Vice-President Name PHEBE P. VANDERSIP		
Street Address 72 SEAVIEW AVENUE		Street Address 72 SEAVIEW AVENUE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI
Secretary Name PHEBE P. VANDERSIP		Treasurer Name HENRY A. VANDERSIP		
Street Address 72 SEAVIEW AVENUE		Street Address 72 SEAVIEW AVENUE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name HENRY A. VANDERSIP		Director Name PHEBE P. VANDERSIP		
Street Address 72 SEAVIEW AVENUE		Street Address 72 SEAVIEW AVENUE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		501	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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 18 2014

BY M 217597

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.

Henry A. Vandersip 2/12/14
 Signature of Authorized Representative Date

HENRY A. VANDERSIP

Print or Type Name of Authorized Representative