



**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** 2011

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. <b>530374</b>		2. Exact name of the Corporation <b>Sosa &amp; Son Heating AC and Refrigeration Corp</b>		
3. Principal office address <b>619 Manville RD</b>		City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>
4. Business Phone No. <b>401-808-1985</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Heating AC and Refrigeration</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Ramon O. Sosa</b>		Vice-President Name <b>Ramon O. Sosa</b>		
Street Address <b>619 Manville RD</b>		Street Address <b>619 Manville RD</b>		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>WOONSOCKET</b>	State <b>RI</b>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Ramon O. Sosa</b>		Director Name <b>Ramon O. Sosa</b>		
Street Address <b>619 Manville RD</b>		Street Address <b>619 Manville RD</b>		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>WOONSOCKET</b>	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		<b>200</b>	<b>CWP</b>	<b>\$0.01</b>

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 APR 16 2014  
 APR 15 2014  
 APR 12 2014

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 contained herein are true and correct.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

APR 16 2014

*[Signature]* 04-11-14  
 Signature of Authorized Representative Date

**Ramon O. Sosa**  
 Print or Type Name of Authorized Representative

**49-202434**

**A.A. 2:13p.m.**