



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

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

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.

FILED

APR 16 2014

Signature of Authorized Representative

Date

Ramon O. Sosa

Print or Type Name of Authorized Representative

By **49-202434**

A.A. 2:13p.m.