



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 2015

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. 34254		2. Exact name of the Corporation PREFERRED HEAT, INC.			
3. Principal office address 950 Smith Street		City Providence		State RI	Zip 02908
4. Business Phone No. (401) 353-4328		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Sales, service & maintenance of heating and air conditioning units					
7. OFFICERS AND DIRECTORS					
President Name DENNIS A. BROPHY			Vice-President Name PATRICIA A. BROPHY		
Street Address 242 Admiral Street			Street Address 242 Admiral Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name PATRICIA A. BROPHY			Treasurer Name DENNIS A. BROPHY		
Street Address 242 Admiral Street			Street Address 242 Admiral Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAME AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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)		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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 17 2015

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 of Authorized Representative

Date

Dennis A. Brophy

Print or Type Name of Authorized Representative