



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. 130626		2. Exact name of the Corporation HVAC Solutions, Inc.				
3. Principal office address 44 Kingsford Avenue		City Riverside	State RI	Zip 02915		
4. Business Phone No. 401-419-6698		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island To engage in the installation, service and repair of heating, air conditioning and ventilating and any other lawful business.						
President Name Danielle Peters		Vice-President Name Danielle Peters				
Street Address same as above		Street Address same as above				
City	State	Zip	City	State	Zip	
Secretary Name Danielle Peters		Treasurer Name Danielle Peters				
Street Address same as above		Street Address same as above				
City	State	Zip	City	State	Zip	
Director Name Michael Peters		Director Name				
Street Address same as above		Street Address				
City	State	Zip	City	State	Zip	
Director Name		Director Name				
Street Address		Street Address				
City	State	Zip	City	State	Zip	
9. SHARES		NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
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.		100	Common	No 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

MAR 11 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] 1/15/15
 Signature of Authorized Representative Date

Danielle Peters, President

Print or Type Name of Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE

[Handwritten]
 029-244314