

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.	2. Exact nar	me of the Corporation			
109908	Cool A	ir Creations, Inc.			
3. Principal office address 10 Business Park Drive			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 769-7755			5. State of Incorporation Rhode Island		
l '		s conducted in Rhode Island Prvices to the public			
				The state of the s	
President Name David Campbell			Vice-President Name		
Street Address 10 Business Park Drive			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name David Campbell			Treasurer Name David Campbeli		
Street Address 10 Business Park Drive			Street Address 10 Business Park Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
particular services of the ser	Bereiter Miller	and the second s			
Director Name David Campbell		V-2-	Director Name		
Street Address 10 Business Park Drive			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
D. SHAGES AUTHORISE			Daywer Bales	THE REPORT OF THE	
			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 filling.			100		no par value
See Section 9 of Instruct	ion sneet.				
This report must be exec		corporation by an authorized st be executed on behalf of			s of a receiver or trustee,
File Date FILED		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.			
Check No		MAR 2 6 20	15 <u>// / -</u>	2	
By: FOR SECRETARY OF STATE USE ONLY		16 2 11	Signature of Authorized Representative Date David Campbell		
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Form No. 630 Revised: 01/2012