



**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.<br><b>73339</b>  |                    | 2. Exact name of the Corporation<br><b>Valley Repair, Inc.</b> |   |                     |           |
| 3. Principal office address<br><b>1146 Main Street</b>  |                    | City<br><b>Wyoming</b>   | State<br><b>RI</b>  | Zip<br><b>02898</b> |           |
| 4. Business Phone No.<br><b>401-539-0400</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>               |   |                     |           |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Deal in all kinds of appliances, parts, components, etc., refrigeration equipment, HVAC systems, and electronic devices</b> |                    |  |   |                     |           |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                     |           |
| President Name<br><b>Thomas D. Rekowski</b>   |                    |  | Vice-President Name<br><b>Thomas D. Rekowski</b>                    |                     |           |
| Street Address<br><b>1146 Main Street</b>   |                    |  | Street Address<br><b>Same</b>                                       |                     |           |
| City<br><b>Wyoming</b>  | State<br><b>RI</b> | Zip<br><b>02898</b>  | City  | State               | Zip       |
| Secretary Name<br><b>Thomas D. Rekowski</b>   |                    |  | Treasurer Name<br><b>Thomas D. Rekowski</b>                         |                     |           |
| Street Address<br><b>Same</b>   |                    |  | Street Address<br><b>Same</b>                                       |                     |           |
| City  | State              | Zip  | City  | State               | Zip       |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                     |           |
| Director Name<br><b>N/A</b>   |                    |  | Director Name<br><b>N/A</b>   |                     |           |
| Street Address  |                    |  | Street Address  |                     |           |
| City  | State              | Zip  | City  | State               | Zip       |
| Director Name<br><b>N/A</b>   |                    |  | Director Name<br><b>N/A</b>   |                     |           |
| 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  | CLASS/SERIES        | PAR VALUE |
|   |                    |  | 100   | Common              | 1.00      |

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

Form No. 630  
Revised: 01/2012

FILED

AUG 26 2015

BY 0255269  
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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

**Thomas D. Rekowski**

Print or Type Name of Authorized Representative