



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 2014**

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. <b>73339</b>		2. Exact name of the Corporation <b>Valley Repair, Inc.</b>						
3. Principal office address <b>1146 Main Street</b>		City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>				
4. Business Phone No. <b>401-539-0400</b>		5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <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 <b>Thomas D. Rekowski</b>			Vice-President Name <b>Thomas D. Rekowski</b>					
Street Address <b>1146 Main Street</b>			Street Address <b>Same</b>					
City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>	City	State	Zip			
Secretary Name <b>Thomas D. Rekowski</b>			Treasurer Name <b>Thomas D. Rekowski</b>					
Street Address <b>Same</b>			Street Address <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 <b>N/A</b>			Director Name <b>N/A</b>					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name <b>N/A</b>			Director Name <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

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BY Ch255269

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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.

Thomas D. Rekowski  
Signature of Authorized Representative

Date

Thomas D. Rekowski

Print or Type Name of Authorized Representative