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 2016

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 name of the Corporation		
145645	TRI STAR HEATING, INC.		
3. Principal office address: 1187 PLYMOUTH AVENUE	City: FALL RIVER	State: MA	Zip: 02721
4. Business Phone No.: 508-689-4040	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: HEATING, AIR CONDITIONING, AND HOME HEATING FUEL DELIVERIES.			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: MANUEL LOPES			Vice-President Name: MELLISSA TAYLOR		
Street Address: P.O. BOX 446			Street Address: P.O. BOX 446		
City: DIGHTON	State: MA	Zip: 02715	City: DIGHTON	State: MA	Zip: 02715
Secretary Name: MELLISSA TAYLOR			Treasurer Name: MELLISSA TAYLOR		
Street Address: P.O. BOX 446			Street Address: P.O. BOX 446		
City: DIGHTON	State: M	Zip: 02715	City: DIGHTON	State: MA	Zip: 02715

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: N/A			Director Name: N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: N/A			Director Name: N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED — **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

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	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 04 2016
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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: 2.1.16

MANUEL LOPES, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012