



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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 2016

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: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 12 2016

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 2/1/16
 Date

Thomas D. Rekowski
 Print or Type Name of Authorized Representative

By: *R 267571*

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