



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. 36095		2. Exact name of the Corporation Furnace & Duct Supply Co., Inc.			
3. Principal office address 635 Elmwood Avenue		City Providence	State RI	Zip 02907	
4. Business Phone No. 401-941-9760		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Sale of furnace and duct supplies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John B. McEnery, Jr.			Vice-President Name John M. McEnery, Jr.		
Street Address 407 Woodward Avenue			Street Address 407 Woodward Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name John B. McEnery, Jr.			Treasurer Name John B. McEnery, Jr.		
Street Address 407 Woodward Avenue			Street Address 407 Woodward Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John B. McEnery, Jr.			Director Name		
Street Address 407 Woodward Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name			Director Name		
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
			250	Common	No par value

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

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.

John B. McEnery, Jr.
Signature of Authorized Representative

2/25/2016
Date

John B. McEnery, Jr.
Print or Type Name of Authorized Representative

FILED
FEB 26 2016
BY 22793 DS