



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. 41970		2. Exact name of the Corporation Aero Mechanical, Inc.			
3. Principal office address 10 Leah Street		City Johnston		State RI	Zip 02919
4. Business Phone No. 401-751-8880		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island HVAC, plumbing and mechanical contractor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael V. St. Martin			Vice-President Name Michael R. Machado		
Street Address 10 Leah Street			Street Address 10 Leah Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Michael V. St. Martin			Treasurer Name Michael V. St. Martin		
Street Address 10 Leah Street			Street Address 10 Leah Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Michael V. St. Martin			Director Name		
Street Address 10 Leah Street			Street Address		
City Johnston	State RI	Zip 02919	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) ☐		
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	commom	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

Form No. 630
Revised: 01/2012

FILED

MAR 02 2015

BY 41309 DS

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.

Michael V. St. Martin
Signature of Authorized Representative

2/17/16
Date

MICHAEL V. ST. MARTIN
Print or Type Name of Authorized Representative