



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. 123198		2. Exact name of the Corporation ALL SEASON HEATING & AIR, INC.					
3. Principal office address 6 BOWEN STREET			City JOHNSTON		State RI	Zip 02919	
4. Business Phone No. 401-232-2422			5. State of Incorporation RHODE ISLAND				
6. Brief description of the character of business conducted in Rhode Island HEATING AND AIR CONDITIONING SERVICES							
President Name PATRICK G. INTEGLIA			Vice-President Name TYLER INTEGLIA				
Street Address 6 BOWEN STREET			Street Address 6 BOWEN STREET				
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
Secretary Name SABRA L. INTEGLIA			Treasurer Name TIFFANY INTEGLIA				
Street Address 6 BOWEN STREET			Street Address 6 BOWEN STREET				
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
Director Name PATRICK G. INTEGLIA			Director Name SABRA L. INTEGLIA				
Street Address 6 BOWEN STREET			Street Address 6 BOWEN STREET				
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
Director Name TYLER INTEGLIA			Director Name TIFFANY INTEGLIA				
Street Address 6 BOWEN STREET			Street Address 6 BOWEN STREET				
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
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 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.

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]
 Signature of Authorized Representative
 Date **2/26/16**

PATRICK G. INTEGLIA
 Print or Type Name of Authorized Representative

FILED

MAR 17 2016

BY **KL 614**