



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. 8512		2. Exact name of the Corporation G.K.T. REFRIGERATION CORP.			
3. Principal office address 478A Broadway		City Providence	State RI	Zip 02909	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island refrigeration installation and service					
PRESIDENT					
President Name TONY GIORGIANNI			Vice-President Name		
Street Address P.O. Box 3008			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name TONY GIORGIANNI		
Street Address 478A Broadway			Street Address P.O. Box 3008		
City Providence	State RI	Zip 02909	City Pawtucket	State RI	Zip 02861
DIRECTORS (NAME AND ADDRESS - P.O. BOX FOR ATTACHMENT)					
Director Name TONY GIORGIANNI			Director Name		
Street Address P.O. Box 3008			Street Address		
City Pawtucket	State RI	Zip 02861	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	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

BY

FILED

MAR 17 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.

Tony Giorgianni
Signature of Authorized Representative

3-11-16
Date

TONY GIORGIANNI, President

Print or Type Name of Authorized Representative