

## 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 2014 Filling Period: January 1 - March 1 - This report must be typed or printed legible.

4. Business Phone No. 207-893-0145 6. Brief description of the character of business conducted in Rhode Island HVAC & R  7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)	1. Entity ID No.	l l	me of the Corporation			
4. Business Phone No. 207-893-0145 6. Brief description of the character of business conducted in Rhode Island HVAC & R	133093	The Ice	eman, Inc			
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Arthur Green    State   Address   State   St	= ===:::=== : ::=::= ::=:					
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) \  Treasident Name		cter of busines	s conducted in Rhode Island	1		+ AIE
Vice-President Name	7. LIST ALL OFFICERS (NAM	ES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)		- 2-11-
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Windham ME 04062 Windham ME 04062 04062  8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name Arthur Green  Street Address  20 William Knight Road  City Windham ME 04062 City Windham ME 04062  Director Name  Director Name  Street Address  20 William Knight Road  City Windham ME 04062  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  City State  Director Name  Otty Windham ME 04062  Director Name  Director Na						
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D. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT):  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  3000  CNP  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  FILED  APR 0 6 2016  APR 0 6 2016  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  3000  CNP  Under persentative. If the corporation is in the hands of a receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statemes and that all statements contained herein are true and correct.	Dity	State	Zip	City State		李
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  APR 0 6 2016  Solution 1 3000  CNP  3000  CNP  3000  CNP  4001/2010  CNP  4000  CN	9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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Print or Type Name of Authorized Depresentative	OR SECRETARY OF STATE	USE ONLYB		Tammy Green	Vice President	

Form No. 630 Revised: 01/2012