



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2016

2016 JUN -7 AM 11:21

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
904090		Mo Refrigeration INC	
3. Principal Office Address		City	State
17 Westwood Drive		Warwick	RI
4. Business Phone Number		5. State of Incorporation	
401-632-5696		RI	
6. Brief description of the character of business conducted in Rhode Island			
HVAC Repair			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Mohamed Sasa		SARITA Sasa	
Street Address		Street Address	
17 Westwood Drive		17 Westwood Drive	
City	State	City	State
Warwick	RI	Warwick	RI
Zip		Zip	
02889		02889	
Secretary Name		Treasurer Name	
Mohamed Sasa		Mohamed Sasa	
Street Address		Street Address	
17 Westwood Drive		17 Westwood Drive	
City	State	City	State
Warwick	RI	Warwick	RI
Zip		Zip	
02889		02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
0		0.01	
11. 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.			
Name of Authorized Representative		Date	
Mohamed Sasa		6/7/2016	
Signature of Authorized Representative			
		SIGN DOCUMENT HERE	

FILED
 JUN 07 2016
 A.A. 11:23 A.M.