



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

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Profit Corporation Annual Report for the year: 2015

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 <u>90409D</u>		2. Exact name of the Corporation <u>Mo Refrigeration INC</u>	
3. Principal Office Address <u>17 Westwood Drive</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02889</u>	
4. Business Phone Number <u>401-632-5696</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>HVAC Repair</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Mohamed Sasa</u>		Vice-President Name <u>SARITA Sasa</u>	
Street Address <u>17 Westwood Drive</u>		Street Address <u>17 Westwood Drive</u>	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>
			State <u>RI</u>
			Zip <u>02889</u>
Secretary Name <u>Mohamed Sasa</u>		Treasurer Name <u>Mohamed Sasa</u>	
Street Address <u>17 Westwood Drive</u>		Street Address <u>17 Westwood Drive</u>	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>
			State <u>RI</u>
			Zip <u>02889</u>
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	Zip	City
			State
			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 <u>0</u>		CLASS/SERIES	PAR VALUE <u>0.01</u>
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 <u>Mohamed Sasa</u>		Date <u>6/7/2016</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

FILED

JUN 07 2016

By A.A. 11:22 A.M.