



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

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 DEC 21 AM 11:15

1. Entity ID Number 1657016		2. Exact name of the Corporation Pierce Refrigeration, Inc			
3. Principal Office Address 439 East Center Street		City West Bridgewater		State MA	Zip 02379
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island Installation and Repair of HVAC/R				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roy E Pierce			Vice-President Name Ronald F Zona		
Street Address 439 E Center Street			Street Address 439 E Center St		
City West Bridgewater	State MA	Zip 02379	City West Bridgewater	State MA	Zip 02379
Secretary Name Ronald F Zona			Treasurer Name		
Street Address 439 E Center St			Street Address		
City West Bridgewater	State MA	Zip 02379	City	State	Zip
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the 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		
			7,500		
			CNP		
			0		
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 Ronald F. Zona				Date 12/16/16	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

DEC 21 2016

By
A.A. 11.16A.M.

FORM 630 - Revised: 10/2016