RI SOS Filing Number: 201629088350 Date: 12/23/2016 4:00 PM

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.

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BUS. SVCS. DIV.

1. Entity ID Number	2. Exact name of the Corporation		
000102433	MINUS-ELEVEN INC.		
3. Principal Office Address	**City**	**State**	**Zip**
70 FINNELL DRIVE SUITE	WEYMOUTH	MA	02188
4. Business Phone Number:	**6. Brief description of the character of business conducted in Rhode Island**		
781-335-5557	AIR CONDITIONING AND REFRIGERATION		
5. State of Incorporation			
MASSACHUSETTS			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
TIMOTHY G. O'CONNOR	
Street Address: 25 KENNETH DRIVE	Street Address:
City: BRIDGEWATER; State: MA; Zip: 02324	City: ; State: ; Zip:
Secretary Name	**Treasurer Name**
EILEEN M O'CONNOR	PETER A. HARRINGTON
Street Address: 25 KENNETH DRIVE	Street Address: 75 STONYBROOK DRIVE
City: BRIDGEWATER; State: MA; Zip: 02324	City: BRIDGEWATER; State: MA; Zip: 02324

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8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
TIMOTHY G O'CONNOR	PETER A. HARRINGTON
Street Address: 24 KENNETH DRIVE	Street Address: 75 STONYBROOK DRIVE
City: BRIDGEWATER; State: MA; Zip: 02324	City: BRIDGEWATER; State: MA; Zip: 02324
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000.00	CNP	0.0000

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
EILEEN M O'CONNOR	12/12/16

Signature of Authorized Representative: Eileen M O'Connor SIGN DOCUMENT HERE

FILED
DEC 23 2016 10:39
BY 291610

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

146739-2-1149966

FORM 630 - Revised: 08/2016