



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

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 522037		2. Exact name of the Corporation A & B Cooling & Heating Corp.			
3. Principal Office Address 660 Nutmeg Road North		City South Windor		State CT	Zip 06074
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island HVAC Installation				
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Guy Wanegar			Vice-President Name Phillip Robert		
Street Address 65 Laurel Lane			Street Address 913 Middle Turnpike		
City Columbia	State CT	Zip 06237	City Storrs	State CT	Zip 06268
Secretary Name Phillip Robert			Treasurer Name Guy Wanegar		
Street Address 913 Middle Turnpike			Street Address 65 Laurel Lane		
City Storrs	State CT	Zip 06268	City Columbia	State CT	Zip 06237
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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	
50		STK		\$10.00	
50		STK		\$10.00	
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 Guy Wanegar, President					Date 1/6/2017
Signature of Authorized Representative 					

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

JAN 13 2017

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