



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.

**FILED**JAN 25 2017 *Q*BY 6640

1. Entity ID Number <b>76547</b>		2. Exact name of the Corporation <b>Hope Valley Sheet Metal, Inc.</b>			
3. Principal Office Address <b>One Michael Lane</b>		City <b>Hope Valley</b>		State <b>RI</b>	Zip <b>02832-1245</b>
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>Heat, Ventilation and Air Conditioning</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel Soscia</b>			Vice-President Name <b>Daniel Soscia</b>		
Street Address <b>One Michael Lane</b>			Street Address <b>One Michael Lane</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832-1245</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832-1245</b>
Secretary Name <b>Daniel Soscia</b>			Treasurer Name <b>Daniel Soscia</b>		
Street Address <b>One Michael Lane</b>			Street Address <b>One Michael Lane</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832-1245</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832-1245</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Daniel Soscia</b>			Director Name		
Street Address <b>One Michael Lane</b>			Street Address		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832-1245</b>	City	State	Zip
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			None		
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. <b>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.</b>					
Name of Authorized Representative <b>Daniel Soscia</b>					Date <b>1-20-17</b>
Signature of Authorized Representative <i>Daniel Soscia</i>					