RI SOS Filing Number: 201731094850 Date: 01/30/2017 4:00 PM

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	2. Exact name of the Corporation
794071	**Synergy In Services Inc.**

3. Principal Office Address	City	State	Zip
115 India Street	**Pawtucket**	**RI**	**02861**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	**company shall be engaged in providing heating and air conditioning services, installation, repairs, and sales to the general public**
5. State of Incorporation	
Rhode Island	

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

President Name **RUSSELL ARSENAULT**	Vice-President Name **TONY GIORGIANNI**
Street Address **115 India Street**	Street Address **115 India Street**
City **Pawtucket** State **RI** Zip **02861**	City **Pawtucket** State **RI** Zip **02861**
Secretary Name **JOHN D. BIAFORE**	Treasurer Name **TONY GIORGIANNI**
Street Address **478A Broadway**	Street Address **115 India Street**
City **Providence** State **RI** Zip **02909**	City **Pawtucket** State **RI** Zip **02861**

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

Director Name **RUSSELL ARSENAULT**	Director Name **TONY GIORGIANNI**
Street Address **115 India Street**	Street Address **115 India Street**
City **Pawtucket** State **RI** Zip **02861**	City **Pawtucket** State **RI** Zip **02861**
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
100	**common**	**no par value**

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: **RUSSELL ARSENAULT, President**

Date: 1-27-2017

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 30 2017
BY

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

148606-12-1187657

FORM 630 - Revised: 10/2016