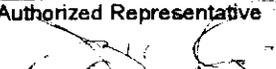


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 787907		2. Exact name of the Corporation Regan Residential Heating and Air Conditioning, Inc			
3. Principal Office Address 235 Georgia Ave			City Providence	State RI	Zip 02905
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To engage in any lawful act or activity HVAC work and installation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Quinlan T Regan			Vice-President Name Joyce Regan		
Street Address 163 Pine Glen Dr			Street Address same		
City E Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Joyce Regan			Treasurer Name Quinlan T Regan		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Quinlan T Regan			Director Name Joyce Regan		
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
		100			.01
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 Joyce Regan					Date 02/13/2017
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

FEB 15 2017

BY

