

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

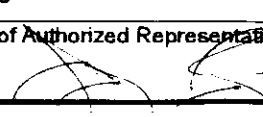
**Annual Report for the year: 2017**

**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<br><b>52916</b>  |  | 2. Exact name of the Corporation<br><b>Regan Heating and Air Conditioning, Inc</b> |  |  |                     |
| 3. Principal Office Address<br><b>235 Georgia Ave</b>  |  | City<br><b>Providence</b>  |  | State<br><b>RI</b>   | Zip<br><b>02905</b> |
| 4. NAICS Code<br><b>23 - Construction</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in any lawful act or activity HVAC work and installation</b> |  |  |  |                     |
| 5. State of Incorporation<br><b>RI</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>Quinlan T Regan</b>  |  |  | Vice-President Name <b>Joyce Regan</b> |  |                     |
| Street Address <b>163 Pine Glen Dr</b>   |  |  | Street Address <b>same</b>             |  |                     |
| City <b>E Greenwich</b>  | State <b>RI</b>  | Zip <b>02818</b>   | City                                   | State  | Zip                 |
| Secretary Name <b>Joyce Regan</b>  |  |  | Treasurer Name <b>Quinlan T Regan</b>  |  |                     |
| Street Address   |  |  | Street Address                         |  |                     |
| City   | State  | Zip  | City                                   | State  | Zip                 |
| 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>Quinlan T Regan</b>   |  |  | Director Name <b>Joyce Regan</b>       |  |                     |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |  |  |  |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |  | 10. Shares Issued  |  | Check the box to indicate an attachment <input type="checkbox"/> |                     |
|  |  | NUMBER OF SHARES   | CLASS/SERIES                           | PAR VALUE  |                     |
|  |  | <b>400</b>   |  | <b>12.50</b>   |                     |
| 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.<br><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<br><b>Joyce Regan</b>  |  |  |  | Date<br><b>02/13/2017</b>  |                     |
| Signature of Authorized Representative<br>  |  |  |  |  |                     |

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 8231 DS**