



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

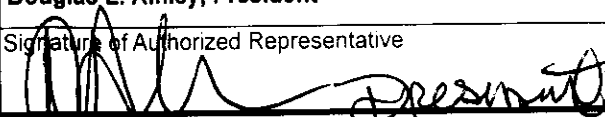
Annual Report for the year: **2017**

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 102399		2. Exact name of the Corporation MERCURY TEC, INC.			
3. Principal Office Address 33 Curtis Street		City East Providence		State RI	Zip 02914-3408
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island The operation of a heating, ventilation and air conditioning business, services and sales of HVAC machinery and equipment.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas L. Ainley			Vice-President Name Douglas L. Ainley		
Street Address 33 Curtis Street			Street Address 33 Curtis Street		
City East Providence	State RI	Zip 02914-3408	City East Providence	State RI	Zip 02914-3408
Secretary Name Douglas L. Ainley			Treasurer Name Douglas L. Ainley		
Street Address 33 Curtis Street			Street Address 33 Curtis Street		
City East Providence	State RI	Zip 02914-3408	City East Providence	State RI	Zip 02914-3408
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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
			100		Common
					PAR VALUE
					No
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 Douglas L. Ainley, President					Date 2-17-17
Signature of Authorized Representative 					FILED MAR 03 2017 10566
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017