



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 904040		2. Exact name of the Corporation GM REFRIGERATION CO			
3. Principal office address 356 PLEASANT STREET			City FALL RIVER	State MA	Zip 02721
4. Business Phone No. 508-678-7432			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island HVAC/REFRIGERATION SALES AND SERVICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GEORGE MERCIER			Vice-President Name GEORGE MERCIER		
Street Address 9 SANDPIPER DRIVE			Street Address 9 SANDPIPER DRIVE		
City WESTPORT	State MA	Zip 02790	City WESTPORT	State MA	Zip 02790
Secretary Name ALISON MERCIER			Treasurer Name GEORGE MERCIER		
Street Address 138 SANDY POINT AVE			Street Address 9 SANDPIPER DRIVE		
City SOMERSET	State MA	Zip 02726	City WESTPORT	State MA	Zip 02790
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GEORGE MERCIER			Director Name ALISON MERCIER		
Street Address 9 SANDPIPER DRIVE			Street Address 138 SANDY POINT AVE		
City WESTPORT	State MA	Zip 02790	City SOMERSET	State MA	Zip 02726
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NPV

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

GEORGE MERCIER

Print or Type Name of Authorized Representative

FILED
MAR 06 2017
BY *[Signature]*