



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