



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.

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 R.I. DEPT. OF STATE
 BUSINESS SERVICES DIV.
 2017 MAR 31 AM 11:44
 ZIP 02915

1. Entity ID Number 130626		2. Exact name of the Corporation HVAC Solutions, Inc.			
3. Principal Office Address 44 Kingsford Avenue			City Riverside	State RI	Zip 02915
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To engage in the installation, service and repair of heating, air conditioning and ventilating and any other lawful business.			
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 Danielle Peters			Vice-President Name Danielle Peters		
Street Address 44 Kingsford Avenue			Street Address 44 Kingsford Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Danielle Peters			Treasurer Name Danielle Peters		
Street Address 44 Kingsford Avenue			Street Address 44 Kingsford Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Peters			Director Name		
Street Address 44 Kingsford Avenue			Street Address		
City Riverside	State RI	Zip 02915	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	Common	No Par Value
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 Danielle Peters, President				Date 2/19/17	
Signature of Authorized Representative <div style="display: flex; justify-content: space-between; align-items: center;"> FILED STATE DOCUMENT CENTER </div>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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