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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 16 PM 12:55

1. Entity ID Number	2. Exact name of the Corporation		
4560	Commercial Heating Service, Inc.		
3. Principal Office Address	City	State	Zip
530 Wellington Ave.	Cranston	RI	02910
4. Business Phone Number	5. State of Incorporation		
401.658.2832	RI		

6. Brief description of the character of business conducted in Rhode Island
Sales and Service of all heating equipment and related products 238220

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Steven L. Sanford			Vice-President Name: Marion B. Sanford		
Street Address: 20 Eagle Dr.			Street Address: 20 eagle Dr.		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Melissa Sanford-Henault			Treasurer Name: Melissa Sanford-Henault		
Street Address: 131 Main Street			Street Address: 131 Main Street		
City: Slatersville	State: RI	Zip: 02876	City: Slatersville	State: RI	Zip: 02876

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: N/A			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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	CNP	No par
Changes require an additional filing.			

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	Date
Melissa Sanford-Henault	1/12/2018

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 16 2018
BY le 321846
12:56

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: 05/2016