



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

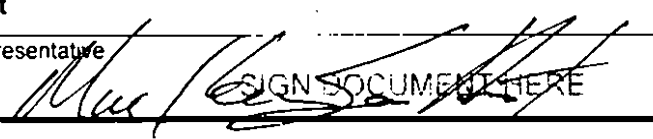
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

1. Entity ID Number 4560		2. Exact name of the Corporation Commercial Heating Service, Inc.	
3. Principal Office Address 530 Wellington Ave.		City Cranston	State RI
		Zip 02910	
4. Business Phone Number 401.658.2832		5. State of Incorporation 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	City Cumberland	State RI
Zip 02864		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	City Slatersville	State RI
Zip 02876		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	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		1000	CNP
			No par
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 Melissa Sanford-Henault			Date 1/12/2018
Signature of Authorized Representative 			

FILED

JAN 16 2018

BY 66 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