



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

JAN 19 2018

BY

STAMP
8291

1. Entity ID Number 001676596		2. Exact name of the Corporation Interstate Mechanical Services, Inc												
3. Principal Office Address 292 Page Street, Unit B			City Stoughton	State MA	Zip 02072									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Installation, service repair, and maintenance of Heating, Air Conditioning, and Ventilation related components.												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Dana B. Willard			Vice-President Name None											
Street Address 35 Colonial Way			Street Address											
City Plainville	State MA	Zip 02762	City	State	Zip									
Secretary Name Roger Gagnon			Treasurer Name Sharon Willard											
Street Address 15 Parkside Place, Suite 415			Street Address 35 Colonial Way											
City Revere	State MA	Zip 02151	City Plainville	State MA	Zip 02762									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Dana B. Willard			Director Name Sharon Willard											
Street Address 35 Colonial Way			Street Address 35 Colonial Way											
City Plainville	State MA	Zip 02762	City Plainville	State MA	Zip 02762									
Director Name Roger Gagnon			Director Name Gerald E. Gagnon											
Street Address 15 Parkside Place, Suite 415			Street Address 2004 Bayou Drive S											
City Revere	State MA	Zip 02151	City Ruskin	State FL	Zip 33570									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>20,000</td> <td>CNP</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	20,000	CNP	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
20,000	CNP	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 Dana B. Willard				Date 1/15/18										
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE 1/15/18										

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