



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 25 2018

BY

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1. Entity ID Number 145645		2. Exact name of the Corporation TRI STAR HEATING, INC.			
3. Principal Office Address 1187 PLYMOUTH AVENUE			City FALL RIVER	State MA	Zip 02721
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island HEATING AND AIR CONDITIONING.			
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 MANUEL LOPES			Vice-President Name MELLISSA TAYLOR		
Street Address P.O. BOX 446			Street Address P.O. BOX 446		
City DIGHTON	State MA	Zip 02715	City DIGHTON	State MA	Zip 02715
Secretary Name MELLISSA TAYLOR			Treasurer Name MELLISSA TAYLOR		
Street Address P.O. BOX 446			Street Address P.O. BOX 446		
City DIGHTON	State MA	Zip 02715	City DIGHTON	State MA	Zip 02715
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			COMMON		
			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 MELLISSA TAYLOR, VICE-PRESIDENT/SECRETARY/TREASURER					Date 1/22/18
Signature of Authorized Representative <i>Melissa Taylor</i>					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov