RI SOS Filing Number: 201859291650 Date: 2/26/2018 4:00:00 PM

of Rhode Island and Providence Plantations sartment of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
14419	National	National Refrigeration, Inc.					
3. Principal Office Address	. <u></u>	-	City		State	Zip	
3600 West Shore Road			Warwick		RI	02886	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
23 \$ \(\)	HVAC & PI	HVAC & Plumbing Constructing & Services					
5. State of Incorporation			_				
Rhode Island	İ						
7. List ALL officers (names a	nd addresses)			Check th	ne box to i	ndicate an attachment [
President Name Jack F. King, Sr.			Vice-President Name Brian Oliva and Jack King, Jr.				
Street Address 3600 West Sh	Street Address 3600 West Shore Road						
City Warwick	State RI	Zip 02886			State RI	Zip 02886	
Secretary Name Jack King, J	r.		Treasurer Name Jack F. King, Sr.				
Street Address 3600 West Shore Road			Street Address 3600 West Shore Road				
City Warwick	State RI	^{Zip} 02886	Cily Warwick		State RI Zip 02886		
8. List ALL directors (names	and addresses)		- !	Check th	ne box to i	ndicate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State Zip		
Director Name	<u></u>		Director Name		1		
Street Address	Street Address						
City	State	Zìp	City		State	Zip	
. Shares Authorized 10. Shares Is							
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 100		Class/SERIES Class A Voting \$.		\$.01	
		9900		Class A Nonvoting		\$.01	
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	entative. If the corpora	ation is in	the hands of a receiver o	
trustee, this report must be e Under penalty of perjury, I	executed on behalf of declare and affirm	f the corporation by that I have examin	the receiver or tr	ustee			
statements, and that all sta Name of Authorized Represe		f herein are true a	nd correct.	 .	Date		
Jack F. King, Jr., Vice-Pres				23-18			
Signature of Authorized Rep		1			1 0 0	3 10	
	F//11 -0	SIGN DC	OCUMENT HERE	FILED			
MAIL TO:	1 101						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FEB 2 6 2018

ORM 630 - Revised: 10/2017