RI SOS Filing Number: 201859305870 Date: 2/26/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
000039791	**Heat Transfer Sales, Inc.**

3. Principal Office Address	City	State	Zip
875 Centerville Road, Bldg. 2, Unit 4B6	**Warwick**	**RI**	**02886**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	**Sales and Service of Heating and Air Conditioning Equipment**
5. State of Incorporation	238220
RHODE ISLAND	

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

President Name	Vice-President Name
Patricia Santos	**Patricia Santos**
Street Address: **129 Barrett Avenue**	Street Address: **129 Barrett Avenue**
City: **Providence** State: **RI** Zip: **02904**	City: **Providence** State: **RI** Zip: **02904**
Secretary Name: **same**	Treasurer Name: **same**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
None	**None**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	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.	**100**	**Common**	**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
MICHAEL J. SANTOS	2/12/18
Signature of Authorized Representative: Michael Santos	FILED

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

FEB 26 2018
BY 2586 OS

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