



State of Rhode Island and Providence Plantations

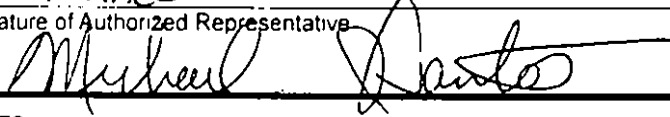
Department of State - Business Services Division

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 000039791		2. Exact name of the Corporation Heat Transfer Sales, Inc.			
3. Principal Office Address 875 Centerville Road, Bldg. 2, Unit 4B6			City Warwick	State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Sales and Service of Heating and Air Conditioning Equipment			
5. State of Incorporation RHODE ISLAND		238220			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Patricia Santos			Vice-President Name 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 None			Director Name 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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			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 MICHAEL J. SANTOS					Date 2/12/18
Signature of Authorized Representative 					

FILED

FEB 26 2018

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