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

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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		
001679895	**MJ Electric & Refrigeration, Inc.**		
3. Principal Office Address	City	State	Zip
463 Tremont Street	**Rehoboth**	**MA**	**02769**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
811410	**Refrigeration and Heating Installation and Repair Services**		
5. State of Incorporation			
Massachusets			

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

President Name **Manuel M. DaSilva**			Vice-President Name **Nickolas Fiore**		
Street Address **463 Tremont Street**			Street Address **463 Tremont Street**		
City **Rehoboth**	State **MA**	Zip **02769**	City **Rehoboth**	State **MA**	Zip **02769**
Secretary Name **Nickolas Fiore**			Treasurer Name **Melissa DaSilva**		
Street Address **463 Tremon Street**			Street Address **463 Tremont Street**		
City **Rehoboth**	State **MA**	Zip **02769**	City **Rehoboth**	State **MA**	Zip **02769**

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

Director Name			Director Name		
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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common**	**$100.00**

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
Manuel M. DaSilva	

Signature of Authorized Representative

X _____ SIGN DOCUMENT HERE

FILED
FEB 28 2018 KM
BY 325422

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

FORM 630 - Revised: 10/2017