


 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. Corporate ID No 000912393		2. Name of Corporation Brewer Mechanical Services, Inc.			
3. Street Address Principal Business Office 81 Bleachery Court			City Warwick	State RI	Zip 02886
4. NAICS Code 238220		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Heating and cooling services, any ancillary purposes, and all other lawful purposes.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Adam T. Toronczak			Vice President Name		
Street Address 81 Bleachery Court			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Adam T. Toronczak			Treasurer Name Adam T. Toronczak		
Street Address 81 Bleachery Court			Street Address 81 Bleachery Court		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100 common shares \$.01 par value		

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.

Signature

Date

Adam T. Toronczak

Print or Type Name

FILED

President

Title

MAR 01 2018

BY

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov