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 | 2. Name of Corporation |
|---|---|
| 000912393 | Brewer Mechanical Services, Inc. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 81 Bleachery Court | Warwick | RI | 02886 |

| 4. NAICS Code | 5. State of Incorporation |
|---|---|
| 238220 | 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 | Street Address | City | State | Zip |
|---|---|---|---|---|
| Adam T. Toronczak | 81 Bleachery Court | Warwick | RI | 02886 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Adam T. Toronczak | 81 Bleachery Court | Warwick | RI | 02886 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Adam T. Toronczak | 81 Bleachery Court | Warwick | RI | 02886 |

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

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.

| 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: 2-23-18

Adam T. Toronczak
*Print or Type Name*

President
*Title*

FILED
MAR 01 2018
BY 179305

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: 10/2016