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 1663945	2. Exact name of the Corporation Standish HVAC, Inc.		
3. Principal Office Address 15 Robertson Road	City Narragnasett	State RI	Zip 02882
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Heating, Ventilization, air conditioning and HVAC		
5. State of Incorporation Rhode Island			

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

President Name Alexander J. Petrucci			Vice-President Name Alexander J. Petrucci		
Street Address 15 Robertson Road			Street Address 15 Robertson Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Alexander J. Petrucci			Treasurer Name Alexander J. Petrucci		
Street Address 15 Robertson Road			Street Address 15 Robertson Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882

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
1000	Common	No 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.

Name of Authorized Representative Alexander J. Petrucci	Date 2-1-18
Signature of Authorized Representative SIGN DOCUMENT HERE	

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

MAR 22 2018

BY

FORM 630 - Revised: 10/2017