



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

Annual Report for the year: 2018 AMENDMENT
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 21 PM 1:19

1. Entity ID Number 000021863		2. Exact name of the Corporation Carrier Corporation										
3. Principal Office Address 13995 Pasteur Blvd.		City Palm Beach Gardens	State FL Zip 33418									
4. NAICS Code 541614	6. Brief description of the character of business conducted in Rhode Island Manufacture, Sale, Distribution, Service, Repair, Maintenance of A/C, Heating, Cooling, Refrigeration Equipment, Similar Operations											
5. State of Incorporation DE												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Robert J. McDonough		Asst. Secy. Andrea M. Quercia										
Street Address 13995 Pasteur Blvd.		Street Address 13995 Pasteur Blvd.										
City Palm Beach Gardens	State FL	Zip 33418	City Palm Beach Gardens State FL Zip 33418									
Secretary Name Mark G. Thompson		Treasurer Name Jacques Charles Borics										
Street Address 13995 Pasteur Blvd.		Street Address 13995 Pasteur Blvd.										
City Palm Beach Gardens	State FL	Zip 33418	City Palm Beach Gardens State FL Zip 33418									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Mark G. Thompson		Director Name Jacques Charles Borics										
Street Address 13995 Pasteur Blvd.		Street Address 13995 Pasteur Blvd.										
City Palm Beach Gardens	State FL	Zip 33418	City Palm Beach Gardens State FL Zip 33418									
Director Name Robert J. McDonough		Director Name										
Street Address 13995 Pasteur Blvd.		Street Address										
City Palm Beach Gardens	State FL	Zip 33418	City State Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>131</td> <td>CWP</td> <td>\$10.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	131	CWP	\$10.0000			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
131	CWP	\$10.0000										
Changes require an additional filing.												
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 Andrea M. Quercia			Date 4/28/18									
Signature of Authorized Representative												

SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 21, 2018 01:19 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

