



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.

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

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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			131	CWP	\$10.0000
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. <i>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.</i>					
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