



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

FILED

Annual Report for the year: 2019
Corporation

JAN 11 2019

BY 7286

- 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 76547		2. Exact name of the Corporation Hope Valley Sheet Metal, Inc			
3. Principal Office Address One Michael Lane			City Hope Valley	State RI	Zip 02832-1245
4. NAICS Code 221330		6. Brief description of the character of business conducted in Rhode Island Heat, Ventilation and Air Conditioning			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Soscia			Vice-President Name Daniel Soscia		
Street Address One Michael Lane			Street Address One Michael Lane		
City Hope Valley	State RI	Zip 02832-1245	City Hope Valley	State RI	Zip 02832-1245
Secretary Name Daniel Soscia			Treasurer Name Daniel Soscia		
Street Address One Michael Lane			Street Address One Michael Lane		
City Hope Valley	State RI	Zip 02832-1245	City Hope Valley	State RI	Zip 02832-1245
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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
		100		Common	None
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 Daniel Soscia				Date 1-9-19	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov