

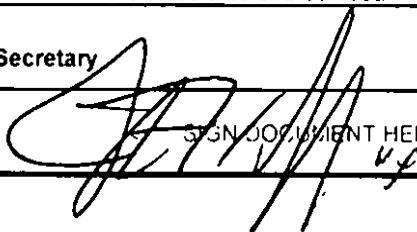


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

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

STAMP

1. Entity ID Number 14419		2. Exact name of the Corporation National Refrigeration, Inc.			
3. Principal Office Address 3600 West Shore Road			City Warwick	State RI	Zip 02886
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC & Plumbing Constructing & Services			
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 Jack F. King, Sr.			Vice-President Name Brian Oliva and Jack King, Jr.		
Street Address 3600 West Shore Road			Street Address 3600 West Shore Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Jack King, Jr.			Treasurer Name Jack F. King, Sr.		
Street Address 3600 West Shore Road			Street Address 3600 West Shore Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			100	Class A Voting	\$0.01
			9900	Class A Nonvoting	\$0.01
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 Jack F. King, Jr., Vice-President and Secretary					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

FILED

JAN 24 2019

FORM 630 - Revised: 10/2017

BY 5761 DS
BY _____