RI SOS Filing Number: 201985745030 Date: 1/31/2019 4:00:00 PM

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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| **72337** | **NORTH ATLANTIC HEATING, INC.** | | |
| 3. Principal Office Address: **68 Field Stone Drive** | City: **Coventry** | State: **RI** | Zip: **02816** |
| 4. NAICS Code: **401-397-8085** | 6. Brief description of the character of business conducted in Rhode Island: **HVAC Repair and Installation** | | |
| 5. State of Incorporation: **Rhode Island** | (2380220) | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: **Glen E. Quattrucci** | | | Vice-President Name: **Glen E. Quattrucci** | | |
| Street Address: **68 Field Stone Drive** | | | Street Address: **68 Field Stone Drive** | | |
| City: **Coventry** | State: **RI** | Zip: **02816** | City: **Coventry** | State: **RI** | Zip: **02816** |
| Secretary Name: **Glen E. Quattrucci** | | | Treasurer Name: **Glen E. Quattrucci** | | |
| Street Address: **68 Field Stone Drive** | | | Street Address: **68 Field Stone Drive** | | |
| City: **Coventry** | State: **RI** | Zip: **02816** | City: **Coventry** | State: **RI** | Zip: **02816** |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: **None** | | | 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 |
|---|---|---|
| **600** | | **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: President — Date: 1/29/19

Signature of Authorized Representative: SIGN DOCUMENT HERE

**FILED**
JAN 31 2019
3165

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

**FORM 630 - Revised: 10/2017**