



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 FEB -6 AM 11:31

1. Entity ID Number <b>000542715</b>		2. Exact name of the Corporation <b>Distributor Corporation of New England</b>			
3. Principal Office Address <b>767 Eastern Avenue</b>			City <b>Malden</b>	State <b>MA</b>	Zip <b>02148</b>
4. NAICS Code <b>43730</b>		6. Brief description of the character of business conducted in Rhode Island <b>Distributor of HVAC equipment</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Nancy R Kolligian</b>			Vice-President Name <b>Michele Kolligian</b>		
Street Address <b>767 Eastern Ave</b>			Street Address <b>767 Eastern Ave</b>		
City <b>Malden</b>	State <b>MA</b>	Zip <b>02148</b>	City <b>Malden</b>	State <b>MA</b>	Zip <b>02148</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Bill Fiore</b>			Director Name <b>Richard Ekstrom</b>		
Street Address <b>767 Eastern Ave</b>			Street Address <b>767 Eastern Ave</b>		
City <b>Malden</b>	State <b>MA</b>	Zip <b>02148</b>	City <b>Malden</b>	State <b>MA</b>	Zip <b>02148</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		20.00	STK/B	0.00	
		2,000.00	STK/A	0.00	
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 <b>SALLY REINWALD</b>				Date <b>1/30/2019</b>	
Signature of Authorized Representative <i>Sally Reinwald</i>				<b>FILED</b> SIGN DOCUMENT HERE <b>FEB 06 2019</b>	

BY **QIPDS**  
**A.A. 11:33 AM**