



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 000542715		2. Exact name of the Corporation Distributor Corporation of New England			
3. Principal Office Address 767 Eastern Avenue			City Malden	State MA	Zip 02148
4. NAICS Code 423730		6. Brief description of the character of business conducted in Rhode Island Distributor of HVAC equipment			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy R Kolligian			Vice-President Name Michele Kolligian		
Street Address 767 Eastern Ave			Street Address 767 Eastern Ave		
City Malden	State MA	Zip 02148	City Malden	State MA	Zip 02148
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bill Fiore			Director Name Richard Ekstrom		
Street Address 767 Eastern Ave			Street Address 767 Eastern Ave		
City Malden	State MA	Zip 02148	City Malden	State MA	Zip 02148
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
		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 SALLY REINWALD				Date 1/30/2019	
Signature of Authorized Representative <i>Sally Reinwald</i>				FILED SIGN DOCUMENT HERE FEB 06 2019	

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

BY **QIPDS**
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