



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.

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 8512		2. Exact name of the Corporation G.K.T. REFRIGERATION CORP.			
3. Principal Office Address 478A Broadway			City Providence	State RI	Zip 02909
4. NAICS Code 238290	6. Brief description of the character of business conducted in Rhode Island refrigeration installation and service				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name TONY GIORGIANNI			Vice-President Name		
Street Address P.O. Box 3008			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name JOHN D. BIAFORE			Treasurer Name TONY GIORGIANNI		
Street Address 478A Broadway			Street Address P.O. Box 3008		
City Providence	State RI	Zip 02909	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name TONY GIORGIANNI			Director Name		
Street Address P.O. Box 3008			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no par value	
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 TONY GIORGIANNI, President				Date 2-4-19	
Signature of Authorized Representative <i>Tony Giorgianni</i>				FILED	

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

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