



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

STAMP

Annual Report for the year: 2019  
 Corporation \_\_\_\_\_

2019 FEB -7 PM 3:02

- 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 98556		2. Exact name of the Corporation SOUTHERN HOLDING, INC.			
3. Principal Office Address 197 JP MURPHY HIGHWAY		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island DEALING WITH ALL KINDS OF HEATING, VENTILATION AND AIR CONDITIONING APPARATUS AND EQUIPMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name THOMAS A VESSELLA		Vice-President Name THOMAS A VESSELLA			
Street Address 197 JP MURPHY HIGHWAY		Street Address 197 JP MURPHY HIGHWAY			
City WEST WARWICK		State RI	Zip 02893	City WEST WARWICK	State RI
Secretary Name THOMAS A VESSELLA		Treasurer Name THOMAS A VESSELLA			
Street Address 197 JP MURPHY HIGHWAY		Street Address 197 JP MURPHY HIGHWAY			
City WEST WARWICK		State RI	Zip 02893	City WEST WARWICK	State RI
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE		Director Name			
Street Address		Street Address			
City		State	Zip	City	State
Director Name		Director Name			
Street Address		Street Address			
City		State	Zip	City	State
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	
		200	COMMON	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 THOMAS A VESSELLA				Date 01/25/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	

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

FEB 07 2019

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