



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.

FILED STAMP

MAR 01 2019

BY

1408 OS

1. Entity ID Number 123198		2. Exact name of the Corporation All Seasons Heating & Air, Inc.			
3. Principal Office Address 6 Bowen Street			City Johnston	State RI	Zip 02919
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Heating and air conditioning services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrick G. Integlia			Vice-President Name Tyler Integlia		
Street Address 6 Bowen Street			Street Address 6 Bowen Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Sabra L. Integlia			Treasurer Name Tiffany Integlia		
Street Address 6 Bowen Street			Street Address 6 Bowen Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Patrick G. Integlia			Director Name Sabra L. Integlia		
Street Address 6 Bowen Street			Street Address 6 Bowen Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Tyler Integlia			Director Name Tiffany Integlia		
Street Address 6 Bowen Street			Street Address 6 Bowen Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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
		100		COMMON	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 Patrick G. Integlia					Date 2-25-19
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov