



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

**FILED**

**Annual Report for the year: 2019**  
**Corporation**

**FEB 28 2019**

- Filing period: January 1, - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 301 OS

1. Entity ID Number <b>63858</b>		2. Exact name of the Corporation <b>American Climate Technology, Inc.</b>			
3. Principal Office Address <b>3 Buckboard Drive</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>423730</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sales and distribution of heating and cooling systems</b>			
5. State of Incorporation <b>RI</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>Najib G. Hana</b>			Vice-President Name <b>Seda Hana</b>		
Street Address <b>3 Buckboard Drive</b>			Street Address <b>3 Buckboard Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Najib G. Hana</b>			Treasurer Name <b>Najib G. Hana</b>		
Street Address <b>3 Buckboard Drive</b>			Street Address <b>3 Buckboard Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
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>Najib G. Hana</b>			Director Name <b>Seda Hana</b>		
Street Address <b>3 Buckboard Drive</b>			Street Address <b>3 Buckboard Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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	
		<b>20</b>	<b>common</b>	<b>no par</b>	
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>Seda Hana</b>				Date	
Signature of Authorized Representative <i>Seda Hana</i>				<b>2-24-2019</b>	