RI SOS Filing Number: 201988238890 Date: 3/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED

MAR 06 2019

Annual Report for the year: 2019 Corporation

$\rightarrow$	Filing	period	: January 1	1 - March 1
		- 4		

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

		<u> </u>							
Entity ID Number	2. Exact nan	2. Exact name of the Corporation							
43330	AIR MET	AIR METALWORKS, LTD.							
3. Principal Office Address		City		State	Zip				
180 Shannock Village Road			Shannock	(	RI	02875			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
238990	Sheet meta	Sheet metal contractors.							
5. State of Incorporation									
RI									
7. List ALL officers (names and	d addresses)				heck the box to indi-	cate an attachment 🔲			
President Name Frank S. Ange		Vice-President Name Robert M. Ciminero							
Street Address 180 Shannock	Street Addre	Street Address 180 Shannock Village Road							
City Shannock	State RI	Zip 02875	City Shann	City Shannock		State RI Zip 02875			
Secretary Name Robert M. Cim	Treasurer Na	Treasurer Name Frank S. Angell							
Street Address 180 Shannock	Street Addre	Street Address 180 Shannock Village Road							
City Shannock	State RI	<sup>Zip</sup> 02875	City Shann	City Shannock		<sup>Zip</sup> 02875			
8. List ALL directors (names ar	nd addresses)				Check the box to indi	cate an attachment			
Director Name None		_	Director Nan	ne					
Street Address	Street Addre	Street Address							
City	State	Zip	City		State	Zip			
Director Name	Director Nan	Director Name							
Street Address	Street Addre	Street Address							
O'h :	Tours-	Ta:	Öibi			17:-			
City	State	Zip	City	••	State	Zip			
9. Shares Authorized		10. Shares Is	sued		Check the box to indi	cate an attachment			
This information is currently of	record in the	NUMBER (	NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
Department of State.		1,000		Common		No par			
Changes require an additional f	iling.			1					
11. This report must be execut	ted on behalf of the	e corporation by an	authorized repr	esentative. If the	corporation is in the	hands of a receiver or			
trustee, this report must be ex-	ecuted on behalf o	of the corporation by	the receiver or	trustee.					
Under penalty of perjury, I d				, including any a	accompanying sch	edules and			
statements, and that all state Name of Authorized Represen		1 herein are true a	nd correct.		Date				
Frank S. Angell					3	, 2019			
Signature of Authorized Repre	sentative U	# 14 x	1 M M 6 7 7		•				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov