



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

Annual Report for the year: 2014
Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION

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1. Entity ID Number 000085214		2. Exact name of the Corporation Merit Mechanical Corporation			
3. Principal Office Address 24 Minnesota Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island To engage in the business of mechanical contracting.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John F. Marandola			Vice-President Name Anthony P. Marandola		
Street Address 24 Minnesota Avenue			Street Address 24 Minnesota Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name John F. Marandola			Treasurer Name Kristen Marandola Manchester		
Street Address 24 Minnesota Avenue			Street Address 24 Minnesota Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		8,000		CNP	0.00
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 Anthony P. Marandola, Vice President				Date 8/1/19	
Signature of Authorized Representative <i>Anthony P. Marandola, VICE PRES.</i>				FILED	

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

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FORM 030 Revised: 10/2017