



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.

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SECRETARY OF STATE
CORPORATION 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. | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 8,000 | | CNP | | 0.00 | |
| Changes require an additional filing. | | | | | |
| 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 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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BY **5865V**
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FORM 050 Revised: 10/2017