



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

Annual Report for the year: 2020  
 Corporation \_\_\_\_\_

**FILED**  
**STAMP**

JAN 09 2020

*[Signature]*  
 SECRETARY OF STATE  
 USE ONLY

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

1. Entry ID Number <b>000522037</b>		2. Exact name of the Corporation <b>A &amp; B Cooling &amp; Heating Corp.</b>			
3. Principal Office Address <b>660 Nutmeg Road North</b>		City <b>South Windsor</b>		State <b>CT</b>	Zip <b>06074</b>
4. NAICS Code <b>238220</b>		6. Brief description of the character of business conducted in Rhode Island <b>HVAC installation</b>			
5. State of Incorporation <b>Connecticut</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>Guy Wanegar</b>			Vice-President Name <b>Phillip Robert</b>		
Street Address <b>65 Laurel Lane</b>			Street Address <b>913 Middle Tumpike</b>		
City <b>Columbia</b>		State <b>CT</b>	Zip <b>06237</b>	City <b>Storrs</b>	
				State <b>CT</b>	Zip <b>06268</b>
Secretary Name <b>Phillip Robert</b>			Treasurer Name <b>Guy Wanegar</b>		
Street Address <b>913 Middle Tumpike</b>			Street Address <b>65 Laurel Lane</b>		
City <b>Storrs</b>		State <b>CT</b>	Zip <b>06268</b>	City <b>Columbia</b>	
				State	Zip <b>06237</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>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
Director Name <b>None</b>			Director Name <b>None</b>		
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.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	STK	\$10.00
50	STK	\$10.00			
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 <b>Guy Wanegar, President</b>				Date <b>10/17/2019</b>	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov