



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

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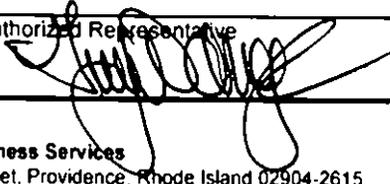
JAN 09 2020

SECRETARY OF STATE
 USE ONLY

3768

Annual Report for the year: 2020
 Corporation _____

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

1. Entity ID Number 000522037		2. Exact name of the Corporation A & B Cooling & Heating Corp.			
3. Principal Office Address 660 Nutmeg Road North		City South Windsor		State CT	Zip 06074
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC installation			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Guy Wanegar			Vice-President Name Phillip Robert		
Street Address 65 Laurel Lane			Street Address 913 Middle Tumpike		
City Columbia		State CT	Zip 06237	City Storrs	
				State CT	Zip 06268
Secretary Name Phillip Robert			Treasurer Name Guy Wanegar		
Street Address 913 Middle Tumpike			Street Address 65 Laurel Lane		
City Storrs		State CT	Zip 06268	City Columbia	
				State	Zip 06237
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized 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.			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 Guy Wanegar, President				Date 10/17/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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