



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

FILED

Annual Report for the year: 2020
Corporation

JAN 22 2020
 BY 30031 DS

- 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 55778		2. Exact name of the Corporation Summit Heating Service, Inc.			
3. Principal Office Address 394 Mishnock Road		City West Greenwich		State RI	Zip 02817
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Service to heating plants and sales			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James W. Halpin			Vice-President Name None		
Street Address 394 Mishnock Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name James W. Halpin			Treasurer Name James W. Halpin		
Street Address 394 Mishnock Road			Street Address 394 Mishnock Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James W. Halpin			Director Name None		
Street Address 394 Mishnock Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Director Name None			Director Name None		
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
			400	Common	No Par
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 James W. Halpin, President					Date 1/7/2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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