



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

FILED

FEB 24 2020

ny 26912

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 36095		2. Exact name of the Corporation Furnace & Duct Supply Co., Inc.			
3. Principal Office Address 635 Elmwood Avenue		City Providence		State RI	Zip 02907
4. NAICS Code 423720		6. Brief description of the character of business conducted in Rhode Island Sale of Furnace and duct supplies			
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 John B. McEnery, Jr.			Vice-President Name John M. McEnery, Jr.		
Street Address 173 Sherman Avenue			Street Address 173 Sherman Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name John B. McEnery, Jr.			Treasurer Name John B. McEnery, Jr.		
Street Address 173 Sherman Avenue			Street Address 173 Sherman Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John B. McEnery, Jr.			Director Name		
Street Address 173 Sherman Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name			Director Name		
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	
250		Common		No Par Value	
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 John B. McEnery, Jr.					Date 2/18/2020
Signature of Authorized Representative <i>John B. McEnery, Jr.</i>					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