RI SOS Filing Number: 202036377150 Date: 3/13/2020 4:00:00 PM RECEIVED

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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	Z. EXACTION	2. Exact name of the Corporation						
001679895	MJ Electric & Refrigeration, Inc.							
3. Principal Office Address			City	 .	State	Zip		
463 Tremont Street			Rehoboth		MA	02769		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
811410	Refrigeratio	Refrigeration and Heating Installation and Repair Services						
5. State of Incorporation								
Massachusetts								
7. List ALL officers (names a	and addresses)			Chec	k the box to i	indicate an attachment 🗖		
President Name Manuel M. DaSilva			Vice-President Name Nicholas T. Fiore					
Street Address 463 Tremont Street			Street Address 463 Tremont Street					
City Rehoboth	State MA	Zip 02769	City Rehoboth		State MA	Z ^{IP} 02769		
ecretary Name Nicholas T. Fiore			Treasurer Name Melissa DaSilva					
Street Address 463 Tremont Street			Street Address 463 Tremont Street					
City Rehoboth	State MA	Zip 02763	City Rehoboth		State MA	Zip 02763		
8. List ALL directors (names	and addresses)			Chec	k the box to	indicate an attachment 🗖		
Director Name			Director Nam	е				
Street Address			Street Addres	Street Address				
City	State	Zîp	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued	Chec	Check the box to indicate an attachment			
This information is currently of Department of State.	of record in the	NUMBER OF SHARES		C:ASS/SERI	CJASS/SERIES PAR VALUE			
Department of State.		100		Common		\$100.00		
Changes require an additional filing.		-		1				
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repre	1 esentative. If the corp	oration is in	the hands of a receiver or		
trustee, this report must be e	executed on behalf of	the corporation by	the receiver or	trustee				
Under penalty of perjury, I statements, and that all st.	i deciare and aπirm t atements contained	nat i nave examir. herein are true ai	ed this report, ad correct	including any acco	mpanying s	chedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative				Date	Date			
Manuel M. DaSilva								
Signature of Authorized Rep	presentative	X SIGN DO	CUMENT HERE	FILED				
1///	me May					-		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017