State of Rhode Island
Department of State - Business Services Division

FILED
JAN 18 2021
BY 0018

Annual Report for the year: 2021
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	2. Exact name of the Corporation		
1702280	Patriot Thermal Controls, Inc.		
3. Principal Office Address	City	State	Zip
493 Barbers Pond Road	West Kingston	RI	02892
4. NAICS Code: 238990	6. Brief description of the character of business conducted in Rhode Island: Heat tracing, HVAC, sheet metal, construction, management and project management and any other lawful purpose.		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Caruso			Vice-President Name: Thomas Howard		
Street Address: 493 Barbers Pond Road			Street Address: 493 Barbers Pond Road		
City: West Kingston	State: RI	Zip: 02892	City: West Kingston	State: RI	Zip: 02892
Secretary Name: John Caruso			Treasurer Name: John Caruso		
Street Address: 493 Barbers Pond Road			Street Address: 493 Barbers Pond Road		
City: West Kingston	State: RI	Zip: 02892	City: West Kingston	State: RI	Zip: 02892

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	No Par Common	$1.00

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.

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	Date
John Caruso	✓ 01/12/21
Signature of Authorized Representative: ✓	

MAIL TO:
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: 08/2020