RI SOS Filing Number: 202187445140 Date: 1/18/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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Corporation	
→ Filing period: Japuany 1 - March	. 1

→ 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 nar	2. Exact name of the Corporation							
76547	Hope Valley	Hope Valley Sheet Metal, Inc							
3. Principal Office Address	cipal Office Address				State	Zip			
One Michael Lane			Hope Valley	1	RI	02832-1245			
4 NAICS Code	6. Brief desc	ription of the characte	r of business of	conducted in Rhode	I Island				
221330		Heat, Ventilation and Air Conditioning							
5. State of Incorporation									
Rhode Island	Į								
7. List ALL officers (names and	addresses)			Check	the box to	indicate an attachment			
President Name Daniel Soscia			Vice-President Name Daniel Soscia						
Street Address One Michael Lane			Street Address One Michael Lane						
City Hope Valley	State RI	Zip ₀₂₈₃₂₋₁₂₄₅	City Hope Valley		State RI	Zip 02832-1245			
Secretary Name Daniel Soscia		<u> </u>	Treasurer Name Daniel Soscia						
			<u></u>						
Street Address One Michael Lane		Street Address One Michael Lane							
City Hope Valley	State RI	Zip ₀₂₈₃₂₋₁₂₄₅	City Hope Valley		State RI	^{Zip} 02832-i245			
8. List ALL directors (names an	nd addresses)		·!		the box to	indicate an attachment			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zıp			
Director Name			Director Name		<u> </u>				
Street Address	 .	<u> </u>	1	·		<u></u>			
Oneel Mudiess			Street Address	3					
City	State	Zip	City	······································	State	Zip			
9. Shares Authorized		10. Shares Issue	ed	Check	the box to i	indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF S		CLASS/SERIES PAR VALUE					
		100		Common		None			
11. This report must be execute	ed on behalf of the	corporation by an au	thorized repres	entative. If the corpo	oration is in	the hands of a receiver or			
<u>trustee, this report must be exe</u>	cuted on behalf of	f the corporation by th	e receiver or tr	ustee.					
Under penalty of perjury, I de statements, and that all state	ciare and affirm ements contained	that i have examined I herein are true and	l this report, is correct	ncluding any accor	npanying s	chedules and			
Name of Authorized Representative					Date	Date			
Daniel Soscia, President					1-	1-12-2/			
Signature of Authorized Repres	sentative			·-·	. •				
Cal fee	u								
MAIL TO:			 -						

Division of Business Services

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

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