



State of Rhode Island

Department of State - Business Services Division

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.

FILED

JAN 18 2021

1947

1. Entity ID Number 76547		2. Exact name of the Corporation Hope Valley Sheet Metal, Inc												
3. Principal Office Address One Michael Lane			City Hope Valley	State RI	Zip 02832-1245									
4. NAICS Code 221330		6. Brief description of the character of business conducted in Rhode Island Heat, Ventilation and Air Conditioning												
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 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			Treasurer 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									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	None			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	None												
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 Daniel Soscia, President				Date 1-12-21										
Signature of Authorized Representative <i>Daniel Soscia</i>														