



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 20 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 3047
DS

1. Entity ID Number 001711281		2. Exact name of the Corporation Forever Mechanical HVAC/R, Inc.				
3. Principal Office Address PO Box 60453			City Worcester	State MA	Zip 01606	
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Installation, repairing and maintaining heating, venting, air conditioning and refrigeration systems.				
5. State of Incorporation MA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Joseph Charpentier			Vice-President Name			
Street Address PO Box 60453			Street Address			
City Worcester	State MA	Zip 01606	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Joseph Charpentier			Director Name			
Street Address PO Box 60453			Street Address			
City Worcester	State MA	Zip 01606	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		2000		CNP	0.00	
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 Joseph Charpentier					Date 1/14/21	
Signature of Authorized Representative 						