



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 STAMP**  
 JAN 20 2021 FOR CLERK OF STATE  
 BY 8528 DS

1. Entity ID Number 000064534		2. Exact name of the Corporation CLIMATE MASTERS HVAC CONTRACTORS, INC.			
3. Principal Office Address 66 Clark Road		City Smithfield		State RI	Zip 02917
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Any and all types of heating, ventilation, air conditioning and refrigeration services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name George Dionisopoulos			Vice-President Name George Dionisopoulos		
Street Address 66 Clark Road			Street Address 66 Clark Road		
City Smithfield		State RI	Zip 02917	City Smithfield	
State RI		Zip 02917	State RI		Zip 02917
Secretary Name George Dionisopoulos			Treasurer Name George Dionisopoulos		
Street Address 66 Clark Road			Street Address 66 Clark Road		
City Smithfield		State RI	Zip 02917	City Smithfield	
State RI		Zip 02917	State RI		Zip 02917
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name George Dionisopoulos			Director Name		
Street Address 66 Clark Road			Street Address		
City Smithfield		State RI	Zip 02917	City	
State		Zip	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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.					
<b>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.</b>					
Name of Authorized Representative George Dionisopoulos					Date 1/8/21
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