



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 25 2021

BY

235

1. Entity ID Number 001694530		2. Exact name of the Corporation JOAQUIN HVAC & REFRIGERATION, INC												
3. Principal Office Address 43 ISLAND AVENUE			City PORTSMOUTH	State RI	Zip 02871									
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island HEATING, COOLING & 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 WYATT JOAQUIN			Vice-President Name WYATT JOAQUIN											
Street Address 43 ISLAND AVENUE			Street Address 43 ISLAND AVENUE											
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871									
Secretary Name WYATT JOAQUIN			Treasurer Name WYATT JOAQUIN											
Street Address 43 ISLAND AVENUE			Street Address 43 ISLAND AVENUE											
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name N/A			Director Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	COMMON	NO PAR			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000	COMMON	NO PAR												
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 WYATT JOAQUIN, PRESIDENT				Date 1/20/21										
Signature of Authorized Representative 														