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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 05 2021
BY 31503
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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.

1. Entity ID Number	2. Exact name of the Corporation			
114395	AIR FLOW, INC.			
3. Principal Office Address		City	State	Zip
91 Governor's Hill Road		West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339999	Operation of a sheet metal fabrication buisiness			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name	Street Address	City	State	Zip
Kevin M. Cullen	20 Rathbun Street	West Warwick	RI	02893

Vice-President Name	Street Address	City	State	Zip
Ronald A. Maggiacomo	91 Governor's Hill Road	West Warwick	RI	02893

Secretary Name	Street Address	City	State	Zip
Ronald A. Maggiacomo	91 Governor's Hill Road	West Warwick	RI	02893

Treasurer Name	Street Address	City	State	Zip
Kevin M. Cullen	20 Rathbun Street	West Warwick	RI	02893

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Kevin M. Cullen	20 Rathbun Street	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
Ronald A. Maggiacomo	91 Governor's Hill Road	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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

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	Date
Kevin M. Cullen, President	1-26-21

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017