RI SOS Filing Number: 202193495380 Date: 3/1/2021 4:00:00 PM

FILED

State of Rhode Island
Department of State - Business Services Division

MAR 1 2021
BY 23958

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		
000094818	Valley Heating & Cooling, Inc.		
3. Principal Office Address	City	State	Zip
98 Kenyon Hill Trail	Wyoming	RI	02898
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238220	Deal in all kinds of appliance, parts, components, etc., refrigeration equipment, HVAC systems and electronic devices		
5. State of Incorporation			
Rhode Island			

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

President Name: Thomas D. Rekowski			Vice-President Name: Thomas D. Rekowski		
Street Address: 98 Kenyon Hill Trail			Street Address: 98 Kenyon Hill Trail		
City: Wyoming	State: RI	Zip: 02898	City: Wyoming	State: RI	Zip: 02898
Secretary Name: Thomas D. Rekowski			Treasurer Name: Thomas D. Rekowski		
Street Address: 98 Kenyon Hill Trail			Street Address: 98 Kenyon Hill Trail		
City: Wyoming	State: RI	Zip: 02898	City: Wyoming	State: RI	Zip: 02898

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

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	$1.00

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	Date
Thomas D Rekowski	2-1-2021
Signature of Authorized Representative	
T D Rekowski	

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

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FORM 630 - Revised: 08/2020