



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

MAR 1 2021

BY 23959

1. Entity ID Number 000073339		2. Exact name of the Corporation Valley Repair, Inc.			
3. Principal Office Address 98 Kenyon Hill Trail			City Wyoming		State RI
					Zip 02898
4. NAICS Code 811412		6. Brief description of the character of business conducted in Rhode Island Deal in all kinds of appliances, 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		
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			Treasurer Name		
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			CWP		
			\$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 <i>Thomas D. Rekowski</i>					Date 2-1-2021
Signature of Authorized Representative <i>Thomas D. Rekowski</i>					

MAIL TO:

Division of Business Services

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