State of Rhode Island

Department of State - Business Services Division

FILED

MAR 1 2021

BY 239559

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
000073339	Valley Repair, 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
811412	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	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	**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	Director Name
N/A	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

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
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	Date
Thomas D Rekowski	2-1-2021

Signature of Authorized Representative

TDR

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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