



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2020  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2021 MAR 30 PM 12:39

1. Entity ID Number <b>904090</b>		2. Exact name of the Corporation <b>Mo Refrigeration Inc.</b>			
3. Principal Office Address <b>17 Westwood Dr</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
4. NAICS Code <b>238220</b>		6. Brief description of the character of business conducted in Rhode Island <b>HVAC service</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mohamad Sasa</b>		Vice-President Name <b>Mohamad Sasa</b>			
Street Address <b>17 Westwood Dr</b>		Street Address <b>same</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
Secretary Name <b>Mohamad Sasa</b>		Treasurer Name <b>Mohamad Sasa</b>			
Street Address <b>same</b>		Street Address <b>same</b>			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>0</b>			
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. <b>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.</b>					
Name of Authorized Representative <b>Mohamad Sasa</b>				Date <b>3-10-21</b>	
Signature of Authorized Representative 					

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

**FILED**  
**MAR 30 2021**  
 BY CA 5FUEP  
 12:40  
 FORM 630 - Revised: 08/2020