## RI SOS Filing Number: 202195211960 Date: 3/30/2021 4:00:00 PM 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

City Providence RI	Penalty. Additional \$25.00 fee in form is not lined by April 1.						717 707 =	
NAICS Code	1. Entity ID Number 000033568	·				2021 HMR 30 P 2:11		
I. NAIGS Code 423730  I. NAIGS Code 423730  State of Incorporation RI  List ALL officers (names and addresses)  Check the box to indicate an attachment  Vice-President Name Glenn M Amore  Vice-President Name Glenn M Amore  Vice-President Name Glenn M Amore  Vice-President Name Street Address 50 Niantic Ave  City Providence  Street Address 50 Niantic Ave  City Providence  Treasurer Name Street Address  City  State  Zip  Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  City  State  Zip  One City  State  Zip  One Check the box to indicate an attachment Linearity of record in the NameR Of Street Address  City  State  Zip  One Check the box to indicate an attachment Linearity of record in the NameR Of Street Address  City  State  Zip  One Check the box to indicate an attachment Linearity of Record In the One Check the Linea	3. Principal Office Address			City			Zip	
Purchase and Sell at wholesale and retail refrigeration. A/C, heating, ventilation parts and eqiupment.  State of Incorporation RI  List ALL Officers (names and addresses)  Check the box to indicate an attachment   Vice-President Name Glenn M Amore  Street Address 50 Niantic Ave  Street Address 50 Niantic Ave  Street Address Sirvet Ad	50 Niantic Ave			Providence		RI	02907	
Check the box to indicate an attachment   Clan M Amore    Vice-President Name   Vice-Pre	4. NAICS Code 423730							
Street Address 50 Niantic Ave	5. State of Incorporation RI							
Street Address 50 Niantic Ave  Street Address 50 Niantic Ave  Street RI  Street RI  Street Address 50 Niantic Ave  Street RI  Street Address 50 Niantic Ave  Street Address 50 Niantic Ave	7. List ALL officers (names a	Check the box to indicate an attachment						
Street Address 50 Niantic Ave    State RI   Zip   Display	President Name Glenn M Am	Vice-President Name Scott S Amore						
Street Address  Street Address  Street Address  Street Address  Street Address  Check the box to indicate an attachment  Director Name  Director Name  Street Address  Street	Ctroot Address	Street Address 50 Niantic Ave						
Street Address  Street Address  Street Address  Street Address  Check the box to indicate an attachment Director Name  Director Name  Street Address  Street A	City Providence	State RI	Zip <sub>02907</sub>	City Providenceq		State RI	<sup>Zip</sup> 02907	
State   Zip   City   State   Zip   City   State   Zip	Secretary Name			Treasurer Name				
A. List ALL directors (names and addresses)  Director Name  Street Address  City  State  Zip  Director Name  Director Name  City  State  Zip  Director Name  Director Name  Street Address  City  State  Zip  Director Name  Street Address  City  State  Zip  Check the box to indicate an attachment I I I I I I I I I I I I I I I I I I I	Street Address	Street Address						
Director Name  Street Address  City  State  Zip  City  State  Zip  Director Name  Director Name  Director Name  Street Address  Street Address  City  State  Zip  Check the box to indicate an attachment  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  Department of State.  CNP  0.00  CNP  0.00  1000  CNP  0.00  CNP  1000  CNP  1	City	State	Zip	City		State	Zip	
Director Name   Director Name	8. List ALL directors (names	and addresses)			Che	ck the box to i	ndicate an attachment 🔲	
City State Zip City State Zip  Director Name  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. 9000 CNP 0.00  Changes require an additional filing. 1000 CNP 0.00  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 mustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of parjury, 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.	Director Name			Director Name	)	·		
Director Name    Director Name   Director Name	Street Address	Street Address						
Street Address  City State Zip City State Zip  3. Shares Authorized 10. Shares Issued Check the box to indicate an attachment Department of State. 9000 CNP 0.00  Changes require an additional filing. 1000 CNP 0.00  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.	City	State	Zip	City		State	Zip	
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11 1910	statements, and that all s	tatements contained	i herein are true a	and correct.		Date	. <u></u>	
The of Addition 280 Megrosomative	Glenn M Amore							
Signature of Authorized Representative	Signature of Authorized Re	presentative						
g/3/2 FILEDC	y Mile	-			FILED	<u></u>		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 3 0 2021

FORM 630 - Revised: 08/2020