



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 APR 30 AM 10:36

1. Entity ID Number <u>1709551</u>		2. Exact name of the Corporation <u>FOX MECHANICAL, INC</u>	
3. Principal Office Address <u>18 WAMSETTA AVENUE</u>		City <u>RIVERSIDE</u>	State <u>R.I.</u>
4. NAICS Code <u>238990</u>		5. Brief description of the character of business conducted in Rhode Island <u>We do Heating, Air Conditioning, Refrigeration and Plumbing SERVICE + INSTALLATIONS.</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Michael D. Fox</u>		Vice-President Name	
Street Address <u>18 Wamsetta Avenue</u>		Street Address	
City <u>Riverside</u>	State <u>R.I.</u>	Zip <u>02915</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <u>0</u>	CLASS/SERIES <u>0</u>
			PAR VALUE <u>0</u>
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. <u>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.</u>			
Name of Authorized Representative <u>Michael D. Fox</u>		Date <u>4/29/2021</u>	
Signature of Authorized Representative <u>Michael D. Fox</u>		FILED	

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

APR 30 2021
BY A.A. 10:36 A.M.



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 30, 2021 10:36 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

