RI SOS Filing Number: 202198139360
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

FILED STAMP

Date: 6/10/2021 4:00:00 PM

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Corpo	ration

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25.	00 fee if form is n	ot filed by April 1.		BY_	ر	11470			
1. Entity ID Number 55778	· ·	2. Exact name of the Corporation Summit Heating Service, Inc.							
3. Principal Office Address			City		State	Zip			
394 Mishnock Road			West Gree	t Greenwich		02817			
4. NAICS Code 23 - Construction 5. State of Incorporation RHODE ISLAND	<u>``</u>]	ription of the charad		conducted in Rhode	Island				
7. List ALL officers (names and	d addresses)		·	Chec	k the box to	indicate an attachment			
President Name James W. Halpin			Vice-Presider	Vice-President Name None					
Street Address 394 Mishnock Road			Street Address						
City West Greenwich	State RI	Zip 02817	City		State	Zip			
Secretary Name James W. Hall				Treasurer Name James W. Halpin					
Street Address 394 Mishnock Road			Street Address 394 Mishnock Road						
City West Greenwich	State RI	Zip 02817	City West Greenwich		State RI	Zip 02817			
8. List ALL directors (names ar	nd addresses)			Chec	k the box to	indicate an attachment			
Director Name James W. Halpin			Director Nam	Director Name None					
Street Address 394 Mishnock Road			Street Addres	Street Address					
City West Greenwich	State RI	Zip 02817	City		State	Zip			
Director Name None			Director Name None						
Street Address			Street Address						
City	State	Zip	City		State	Ζip			
9. Shares Authorized	<u> </u>	10. Shares Is	sued	Chec	k the box to	indicate an attachment			
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIFS PAR VALUE					
Department of State.		400		Common		No Par			
Changes require an additional fi	iiing.								
11. This report must be execut trustee, this report must be exe	ecuted on behalf of	f the corporation by	the receiver or t	trustee.					
Under penalty of perjury, I do	eclare and affirm	that I have examin	ned this report,	including any acco	ompanying s	chedules and			
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date									
James W. Halpin, President				6-	6-221				
Signature of Authorized Repre	sentative	SIGN DO	ELIMENT HE	ERE					
MAIL TO:	1//	107V							

Division of Business Services

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

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