



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021 AMENDED**
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
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| | | | | | |
|--|--|---|---------------------|------------------------|--|
| 1. Entity ID Number 8512 | | 2. Exact name of the Corporation G.K.T. REFRIGERATION CORP. | | | |
| 3. Principal Office Address 80 Dean Street | | City Pawtucket | | State RI | |
| 4. NAICS Code 238290 | | 6. Brief description of the character of business conducted in Rhode Island refrigeration installation and service | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name TONY GIORGIANNI | | | Vice-President Name | | |
| Street Address 80 Dean Street | | | Street Address | | |
| City Pawtucket | | State RI | Zip 02861 | City | |
| Secretary Name JOHN D. BIAFORE | | | Treasurer Name | | |
| Street Address 253 Main Street | | | Street Address | | |
| City East Greenwich | | State RI | Zip 02861 | City | |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name TONY GIORGIANNI | | | Director Name | | |
| Street Address 80 Dean Street | | | Street Address | | |
| City Pawtucket | | State RI | Zip 02861 | City | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | | State | Zip | City | |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | 100 | | common | |
| | | | | PAR VALUE | |
| | | | | no par value | |
| 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 Tony Giorgianni, President | | | | Date 7-14-21 | |
| Signature of Authorized Representative <i>Tony Giorgianni</i> | | | | | |

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

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BY 8:56



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:

July 21, 2021 08:56 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

