



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 JUL 21 AM 8:56

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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		common	
				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

JUL 21 2021

BY *[Signature]* 8:56

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