



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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| | | | |
|--|---|---|----------------------|
| 1. Entity ID Number 510615822 / 160293 | | 2. Exact name of the Corporation HVAC, INC. | |
| 3. Principal Office Address 185 Little Pond County Road | | City Cumberland | State RI |
| | | Zip 02864 | |
| 4. NAICS Code 238220 | 6. Brief description of the character of business conducted in Rhode Island Commerical and residential heating and air conditioning service, installation, repairs and any other lawful business | | |
| 5. State of Incorporation Rhode Island | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Brian D. Cargill | | Vice-President Name None | |
| Street Address 185 Little Pond County Road | | Street Address | |
| City Cumberland | State RI | Zip 02864 | |
| Secretary Name Brian D. Cargill | | Treasurer Name None | |
| Street Address 185 Little Pond County Road | | Street Address | |
| City Cumberland | State RI | Zip 02864 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name None | | 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 <input type="checkbox"/> | |
| | | NUMBER OF SHARES 1000 | CLASS/SERIALS STK |
| | | PAR VALUE \$0.0100 | |
| 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 Brian D. Cargill | | Date January 9, 2023 | |
| Signature of Authorized Representative <i>Brian D. Cargill</i> | | FILED JAN 10 2023 BY <i>JN3HS</i> 11:50 | |