



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2016
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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BUS SVCS DIV

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1. Entity ID Number 540615822 <i>160293</i>		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	City	State	Zip	
Secretary Name Brian D. Cargill			Treasurer Name None			
Street Address 185 Little Pond County Road			Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip	
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	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		1000		STK	\$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	

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

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