



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

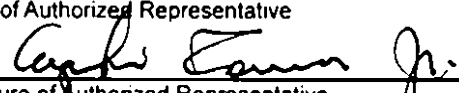
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 07 2023

BY 3839

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1. Entity ID Number 001063641		2. Exact name of the Corporation Camara's HVAC Services, Inc.			
3. Principal Office Address 2 Sandpiper Dr.			City Westport	State MA	Zip 02790
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC Installation and Services			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Augustine Camara, Jr.			Vice-President Name None		
Street Address 2 Sandpiper Dr.			Street Address		
City Westport	State MA	Zip 02790	City	State	Zip
Secretary Name Augustine Camara, Jr.			Treasurer Name Augustine Camara		
Street Address 2 Sandpiper Dr.			Street Address 79 Highridge Rd.		
City Westport	State MA	Zip 02790	City Westport	State MA	Zip 02790
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Augustine Camara, Jr.			Director Name None		
Street Address 2 Sandpiper Dr.			Street Address		
City Westport	State MA	Zip 02790	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			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 				Date 2/7/23	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov