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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 07 2023
BY 3839

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.

1. Entity ID Number	2. Exact name of the Corporation		
001063641	Camara's HVAC Services, Inc.		
3. Principal Office Address	City	State	Zip
2 Sandpiper Dr.	Westport	MA	02790
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238220	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	Vice-President Name
Augustine Camara, Jr.	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	Director Name
Augustine Camara, Jr.	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

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 ☐

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: Augustine Camara Jr.
Date: 2/6/23
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

FORM 630 - Revised: 11/2021